2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #724617



Feb 21, 2008 8:00 am Secretary of State

FILED

1. Entity Name SPANISH OAKS CONDOMINIUM ASSOCIATION SEC. I-II, INC.						02-21-2008	90027 046 ****6	1.25	
1919 HARRISON AT 191			919 HARRISON AT			D))	BERTH BYTH: BYTH BYTH BYTH BYTH	10 74 (1 (47)	
2. Principal Place of Business - No P.O. Box # 3. N			Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02182008	Chg-NP	CR2E037 (12/06)		
City & State		City & State			4. FEI Number 59-17430	032	→	oplied For ot Applicable	
Zip Country		Zip			5. Certificate of Status Desired				
6. Name and Address of Current Registers						7. Name and Address of New Registered Agent			
HURD, ANDREA 1919 HARRISON ST				Street Address (P.O. Box Number is Not Acceptable)					
TITUSVILLE, FL 32780									
				City	•		FL Zip Cod		
named entity sub tions of registered	mits this statement for agent.	or the purpose of changin	ig its registere	ed office or regis	stered agent, or both,	in the State of Flo	rida. I am familiar with,	and accept	
Signature, typed or prin	nted name of registered agen	1 and title if applicable.	(NOTE: Registere	d Agent signature requ	Lired when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIRECTORS IN	10	
TD HURD, ANDR 1919 HARRIS	EA .	Delete	IIILE						
I III OSVILLE,	ON ST FL 32780						☐ Change	Addition	
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R N R II	ISON AT FL 32780 Ut Place of Business .*, etc. te 6. Name and NDREA RISON ST LE, FL 32780 a named entity sub tions of registered Signature, typed or print Filling Fee is Due by May	Place of Business - No P.O. Box # Place of Business - No P.O. Box # #, etc. te Country 6. Name and Address of Current NDREA RISON ST LE, FL 32780 a named entity submits this statement for the statement of registered agent. Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	Place of Business - No P.O. Box # 3. Mailing Address Place of Business - No P.O. Box # 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent NDREA RISON ST LE, FL 32780 a named entity submits this statement for the purpose of changing tions of registered agent. Signature, hyped or printed name of registered agent and title if applicable. Filling Fee is \$81.25 Due by May 1, 2008 To Delete	SON AT FL 32780 US Place of Business - No P.O. Box # 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country ARRISON ST LE, FL 32780 an armed entity submits this statement for the purpose of changing its registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Filling Fee is \$81.25 Due by May 1, 2008 OFFICERS AND DIRECTORS 11.	1919 HARRISON AT FL 32780 US Place of Business - No P.O. Box # 3. Mailing Address W, etc. Suite, Apt. #, etc. City & State Country E. Name and Address of Current Registered Agent Name Norea RISON ST LE, FL 32780 City a named entity submits this statement for the purpose of changing its registered office or registions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requirements for the purpose of Carrents agent and title if applicable. Place of Business - No P.O. Box # 3. Mailing Address City & State Country City City Paramed entity submits this statement for the purpose of changing its registered office or registions of registered agent. Signature, typed or printed name of registered agent and title if applicable. Place is \$81.25 Due by May 1, 2008 Place to Country Submits this statement for the purpose of changing its registered office or registions of registered agent. Trust Fund Contribution.	1919 HARRISON AT FL 32780 US Place of Business - No P.O. Box # 3. Mailing Address Determine the City & State	SON AT FL 32780 US 1919 HARRISON AT TITUSVILLE, FL 32780 US Place of Business - No P.O. Box # 3. Mailing Address #, etc. City & State Country Country Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name NAME NAME Street Address (P.O. Box Number is Not Acceptable LE, FL 32780 City Cit	SON AT FL 32780 US TITUSVILLE, FL 32780 US Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 02182008 Chg-NP CR2E037 (12/06) To Country Zip Country 5. Certificate of Status Desired \$8.75 Address of Country 5. Certificate of Status Desired \$8.75 Address of Name and Address of Current Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cod To City FL Zip Cod Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Place of Business - No P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Place of Business - No P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Place of Business - No P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Filing Fee is \$81.25 Due by May 1, 2008 Nake check payable to Florida. Department of Street Address (P.O. Box Number is Not Acceptable)	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: