2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 724617

Entity Name: SPANISH OAKS CONDOMINIUM ASSOCIATION SEC. I-II, INC.

Current Principal Place of Business:

1919 HARRISON AT
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

1919 HARRISON AT
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: 59-1743032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HURD, ANDREA
1919 HARRISON ST
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: HURD, ANDREA
Address: 1919 HARRISON ST
City-St-Zip: TITUSVILLE, FL 32780

Title: S ( ) Delete
Name: SMITH, JEANE
Address: 1903 HARRISON ST
City-St-Zip: TITUSVILLE, FL 32780

Title: C ( ) Delete
Name: GOULD, MARYELLEN
Address: 1943 HARRISON ST.
City-St-Zip: TITUSVILLE, FL 32780

Title: VP ( ) Delete
Name: TONEY, VICKI
Address: 1911 HARRISON ST.
City-St-Zip: TITUSVILLE, FL 32780

Title: P ( ) Delete
Name: RAMONA, POLVERE
Address: 1975 HARRISON ST.
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: OD (X) Change ( ) Addition
Name: EVELYN, CARTER
Address: 1999 HARRISON ST
City-St-Zip: TITUSVILLE, FL 32780

Title: S (X) Change ( ) Addition
Name: GOULD, MARYELLEN
Address: 1943 HARRISON ST.
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic signature shall have the same legal effect as if made under oath; 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMONA POLVERE P 03/19/2009

Electronic Signature of Signing Officer or Director — Date