FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

Principal Place of Business

724673

(9)

SPANISH TRAIL APARTMENTS CONDOMINIUM ASSOCIATION , INC.

Mailing Address

FILED Mar 03 1997 8:00am Secretary of State



3133 SPANISH TRAIL DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-4710					3. Date Incorporated or Qualified	3a. Date	of Last R	eport
					10/30/1972	05	/14/19:	96
2. Principal Pl	lace of Business	2a. Mailing Address		120 1	4. FEI Number	. 4	I Ar	plied For
21 5/	J Sparists Ray	26 3/17 20/18	-[//	Mal	59-1586894		No.	t Applicable
Suite, Apt.	#/etc.	Suffe, Apt. #, 40c.			5. Certificate of Status Desired		•	Additional equired
City & State	MB	City & Starte			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip)	Country	Zip Cc	untry		8. This corporation has liability for I	ntangible ta		. 199.032,
· /	9. Name and Address of Current		T		10. Name and Address of New Re	gistered Ag	ent	
			81	Name				
ZIEL, TEI	RRY		100	Church & delete	(D.C. Barris Marketin National Assessment	in)	····	
3115 SPANISH TR				82 Street Address (P.O. Box Number is Not Acceptable)				
DELRAY	BCH FL 33483		83					
			84	City		FL	35 Zip	Code
11. Pursuant to office or reagent. Lar	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	and 617.1508, Florida Statutes, the Florida. Such change was authoriz ons of, Section 617.0503, Florida St	above ed by atutes	-named corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of ch t the appoin	anging it tment as	s registered registered
SIGNATURE	·							
	Signature, typed or profed name of registered agent		<u>.</u>	nt signature require	d when reinstating)	DATE	======	
12.	OFFICERS AND				ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	•	TITLE				Change	Addition
NAME	ZIEL, TERRY	1.2	NAME					
STREET ADDRESS	3115 SPANISH TR	1.3	STREET	ADDRESS				
CITY-ST-ZIP	DELRAY BCH, FL 00000		CITY-S	T-21P				
TITLE	VPD	DELETE 2.1	TITLE			L	Change	Addition
NAME	KELVINGTON, CRAIG	2.2	NAME					
STREET ADDRESS	3125 SPANISH TRAIL	2.3	STREET	ADDRESS				
CITY-ST-ZIP	DELRAY BCH FL		CITY-S	ST-ZIP	· · ·			
TITLE	STD	DELETE 3.1	TITLE				Change	Addition
NAME	VONK, SALLYE	32	NAME					
STREET ADDRESS	3133 SPANISH TRAIL	33	STREET	ADDRESS				
CITY-ST-ZIP	DELRAY BCH, FL 00000	34.	CITY - S	ST-ZIP				
TITLE	5'Th. A . 10	☐ DELETE 41	TITLE				Change	Addition
NAME	SAYRS, DONNA	4. 2	NAME					
STREET ADDRESS	SAYAS, DONNA BUT SPANISH TEL	4.3	STAEET	ADDRESS				
CITY-ST-7P	DELRAY BCH FL 33483	4.4	CITY-S	T-ZIP				
TITLE			TITLE				Change	Addition
NAME		5.2	NAME	ľ				
STREET ADDRESS		5.3	STREET	ADDRESS				
CITY-ST-ZIP			CITY-S					
TITLE			TITLE				Change	Addition
NAME			NAME	1			-	
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S					
	by certify that the information supplied	with this filing does not qualify for th			in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	s. I further co	artify that	the

1. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, 6 on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PROYED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044715