

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90072 032 ****61.25

DOCUMENT # 724673

1. Entity Name

SPANISH TRAIL APARTMENTS CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

**3103 SPANISH TRAIL
 DELRAY BEACH FL 33483
 US**

**3103 SPANISH TRAIL
 DELRAY BEACH FL 33483
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1586894

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAYRS, DONNA S
 3117 SPANISH TRAIL
 DELRAY BCH FL 33483**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	HALLMAN, PHYLLIS	
STREET ADDRESS	3103 SPANISH TRAIL	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	PVD	<input type="checkbox"/> Delete
NAME	SAYRS, DONNA	
STREET ADDRESS	3117 SPANISH TR	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VONK, SALLYE	
STREET ADDRESS	3133 SPANISH TRAIL	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORIARITY, DANIEL	
STREET ADDRESS	3127 SPANISH TRAIL	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sallye Vonk
Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)