

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 01, 2002 8:00 am
Secretary of State

06-24-2002 90298 022 ****61.25

DOCUMENT # 124673
1. Entity Name
Spanish Trail Apartments Condominium Association, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Office of Corporation
~~3119 Spanish Trails~~
3. Mailing Address
P.O. Box 639
Suite, Apt. #, etc.

City & State
Delray Beach FL
City & State
Delray Beach FL
Zip
33483
Country
USA
Zip
33447
County
Delray Beach

40384
DO NOT WRITE IN THIS SPACE
4. FEI Number
591586894
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Sergin's Property Mgmt., Inc.
Street Address (P.O. Box Number & No. Acceptable)
600 Venetian Drive
City
Delray Beach FL
Zip Code
33483

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
John H. Sergin, President - Sergin's Property Mgmt. 7/29/02
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)
DATE

FEE IS \$61.25 Initial or Amended UBR
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANGELA M. ROSACKER PRES. 3115 SPANISH TRAIL DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOAN K BERWILER 3119 SPANISH TRAIL DELRAY BCH, FL 33483 V. Pres.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONNA M. SAYRS 3117 SPANISH TRAIL DELRAY BEACH, FL 33483 SEC/TREAS.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.
SIGNATURE: X Donna Sayrs, Sec/Treas. X 6/13/02 X (561) 376-4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #