

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724673

**FILED  
Jul 02, 2004  
Secretary of State**

**Entity Name:** SPANISH TRAIL APARTMENTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2200 N FEDERAL HIGHWAY  
212  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

2200 N FEDERAL HIGHWAY  
212  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 59-1586894      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PLAZURE, LENNIE  
2200 N FEDERAL HIGHWAY  
212  
BOCA RATON, FL 33431 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: PD ( ) Delete  
Name: COLLARD, JOE  
Address: 3040 JASMINE TERR  
City-St-Zip: DELRAY BEACH, FL 33483

Title: SDT ( ) Delete  
Name: SAYRS, DONNA  
Address: 3117 SPANISH TR  
City-St-Zip: DELRAY BCH, FL 33483

Title: VPD ( ) Delete  
Name: HOLMES, JENNIFER  
Address: 3113 SPANISH TRAIL  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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 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: JOE COLLARD

P

07/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date