
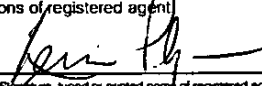
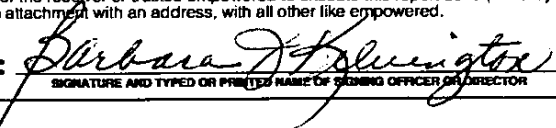


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90110 016 \*\*\*\*61.25

<b>DOCUMENT # 724673</b>					
1. Entity Name SPANISH TRAIL APARTMENTS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2200 N FEDERAL HIGHWAY 212 BOCA RATON, FL 33431 US		Mailing Address 2200 N FEDERAL HIGHWAY 212 BOCA RATON, FL 33431 US		JUUUUUUJ	
2. Principal Place of Business		3. Mailing Address		01052005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1586894	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PLAZURE, LENNIE 2200 N FEDERAL HIGHWAY 212 BOCA RATON, FL 33431			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		LENNIE PLAZURE		DATE 3/14/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLARD, JOE		NAME	KELVINGTON, BARBARA	
STREET ADDRESS	3040 JASMINE TERR		STREET ADDRESS	3129 SPANISH TRAIL	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	SDT	<input checked="" type="checkbox"/> Delete	TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYRS, DONNA		NAME	HORIARTY, SUE	
STREET ADDRESS	3117 SPANISH TR		STREET ADDRESS	3127 SPANISH TRAIL	
CITY-ST-ZIP	DELRAY BCH, FL 33483		CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, JENNIFER		NAME	GONZALEZ, ROBERT	
STREET ADDRESS	3113 SPANISH TRAIL		STREET ADDRESS	3137 SPANISH TRAIL	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	STONE, STANLEY	
STREET ADDRESS			STREET ADDRESS	345 E. 80th Street	
CITY-ST-ZIP			CITY-ST-ZIP	NEW YORK, N.Y. 10021	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PENNINGTON, ANDREW	
STREET ADDRESS			STREET ADDRESS	3135 SPANISH TRAIL	
CITY-ST-ZIP			CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		3-10-05		561-394-6921	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	