

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724673

**FILED**  
**Mar 08, 2007**  
**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: KELVINGTON, BARBARA  
Address: 3129 SPANISIT TRAIL  
City-St-Zip: DELRAY BEACH, FL 33483

Title: SDT ( ) Delete  
Name: HORIARTY, SUE  
Address: 3127 SPANISH TRAIL  
City-St-Zip: DELRAY BCH, FL 33483

Title: D ( ) Delete  
Name: STONE, STANLEY  
Address: 345 E 80TH STREET  
City-St-Zip: NEW YORK, NY 10021

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

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

Title: SDT (X) Change ( ) Addition  
Name: MORIARTY, SUE  
Address: 3127 SPANISH TRAIL  
City-St-Zip: DELRAY BCH, FL 33483

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 Chapter 119, 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: BARBARA KELVINGTON

P

03/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date