

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90229 022 \*\*\*\*61.25

**DOCUMENT # 724673**

1. Entity Name  
**SPANISH TRAIL APARTMENTS CONDOMINIUM ASSOCIATION  
INC.**



Principal Place of Business  
**3119 SPANISH TRAIL  
DELRAY BEACH FL 33483  
US**

Mailing Address  
**PO BOX 639  
DELRAY BEACH FL 33447**



CHECK HERE IF MAKING CHANGES

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

**SERGIOS PROPERTY MGT INC  
60 VENETIAN DRIVE  
DELRAY BEACH 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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  
NAME **ROSACKER, ANGELA**  Delete  
STREET ADDRESS **3115 SPANISH TRAIL**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **PD**  
NAME **Sallye Vank**  Change  Addition  
STREET ADDRESS **3113 Spanish Trail**  
CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **STD**  
NAME **SAYRS, DONNA**  Delete  
STREET ADDRESS **3117 SPANISH TR**  
CITY-ST-ZIP **DELRAY BCH FL 33483**

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD**  
NAME **DETWILER, JOAN**  Delete  
STREET ADDRESS **3119 SPANISH TRAIL**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
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NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
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: SIGNATURE: FROST, V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03  
Date

562-276-6100  
Daytime Phone #

CR2E037 (10/02)