

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

FILED

03 OCT --6 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 724673

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



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2200 N. FEDERAL Highway Suite, Apt. #, etc. 212		3. Mailing Address 2200 North Federal Hwy Suite, Apt. #, etc. 212		4. FEI Number 59-1586894		Applied For <input type="checkbox"/> Not Applicable	
City & State Boca Raton, FL		City & State Boca Raton, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33431	Country USA	Zip 33431	Country USA				

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LENNIE PLAZURE		
Street Address (P.O. Box Number is Not Acceptable) 2200 N. Federal Hwy. #212		
City Boca Raton	FL	Zip Code 33431

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] DATE 9/18/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOE COLLARD 3640 JASMINE TERRACE DELRAY BEACH, FL. 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400023524624 10/03/03--01007--006 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT DONNA SAYES 3117 SPANISH TRAIL DELRAY BEACH, FL. 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*DVP JENNIFER HOLMES 3113 SPANISH TRAIL DELRAY BEACH, FL. 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E037B (12/02)

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: Donna Sayes DONNA SAYES Secretary 9/23/03