


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90025 020 ****61.25

DOCUMENT # 725851 1. Entity Name SPANISH OAKS CONDOMINIUM, INC.					
Principal Place of Business 715 20TH ST APT 109 VERO BEACH FL 32960			Mailing Address 715 20TH ST APT 109 VERO BEACH FL 32960		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1513354	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COOPER, MARJORIE 715 20TH STREET, #203 VERO BEACH FL 32960				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 COOPER, MARJORIE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	715 20TH STREET 203		NAME		
STREET ADDRESS	VERO BEACH FL 32960		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D CLARK, MARJORIE <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	715 20TH ST		NAME	MARJORIE	
STREET ADDRESS	VERO BEACH FL 32960		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ST CAPPELLO, GINA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	715 20TH STREET, #201		NAME		
STREET ADDRESS	VERO BEACH FL 32960		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D DELANCEY, RUTH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	715 20TH ST APT 109		NAME		
STREET ADDRESS	VERO BEACH FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP COOPER, GRANT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	715 20TH STREET 205		NAME		
STREET ADDRESS	VERO BEACH FL 32960		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Gina M. Cappello</u> <u>2/27/04</u> <u>772-667-7779</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					