

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne H. Mumford
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 1:12

DOCUMENT # **746162** (7)

SPANISH OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **600 NW 13TH ST BOCA RATON FL 33486**
Mailing Address: **600 NW 13TH ST BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/07/1979**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-1889307**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3): \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under 5-199-032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2b. Mailing Address: **26**
22. Suite, Apt #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Zip: **30** Country:

9. Name and Address of Current Registered Agent
**GRANER, THOMAS U., ESQUIRE
KAUFFMAN & SCHWARTZ, P.A.
CROCKER PLAZA 5355 TOWN CENTER RD #301
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent
81. Name: **KAUFFMAN & SCHWARTZ, P.A.**
82. Street Address (P.O. Box Number is Not Acceptable): **CROCKER PLAZA 5355 TOWN CENTER RD #301**
83.
84. City: **Boca Raton** FL 85 Zip Code: **33486**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (Print Name of Registered Agent and the Corporation)

12. OFFICERS AND DIRECTORS	
11. TITLE	MD
12. NAME	HIDALGO, JAMES L.
13. STREET ADDRESS	P.O. BOX 27362 N/A
14. CITY, ST, ZIP	BOCA RATON FL
15. TITLE	VD
16. NAME	WHITE, COLLEEN
17. STREET ADDRESS	618 NW 13TH ST APT 16
18. CITY, ST, ZIP	BOCA RATON FL
19. TITLE	PD
20. NAME	BLOCH, IGAL
21. STREET ADDRESS	817 NE 72ND ST
22. CITY, ST, ZIP	BOCA RATON FL
23. TITLE	TD
24. NAME	MESSER, LEAH
25. STREET ADDRESS	608 NW 13TH ST APT 33
26. CITY, ST, ZIP	BOCA RATON FL
27. TITLE	D
28. NAME	HEIDE, WILLIAM
29. STREET ADDRESS	1275 N SWINTON AVE
30. CITY, ST, ZIP	DELRAY BCH FL
31. TITLE	D
32. NAME	BOUMANS, SIDNEY
33. STREET ADDRESS	616 NW 13TH ST APT 16
34. CITY, ST, ZIP	BOCA RATON FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
35. 11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
36. 12 NAME	
37. 13 STREET ADDRESS	P.O. Box 27362 N/A
38. 14 CITY, ST, ZIP	Boca Raton FL 33427
39. 21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. 22 NAME	
41. 23 STREET ADDRESS	
42. 24 CITY, ST, ZIP	
43. 31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. 32 NAME	
45. 33 STREET ADDRESS	
46. 34 CITY, ST, ZIP	
47. 41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
48. 42 NAME	D Pesses, Marvin
49. 43 STREET ADDRESS	6430 Via Rosa
50. 44 CITY, ST, ZIP	Boca Raton, FL 33433
51. 51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. 52 NAME	
53. 53 STREET ADDRESS	
54. 54 CITY, ST, ZIP	
55. 61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
56. 62 NAME	D Berkebile, Harry
57. 63 STREET ADDRESS	620 NW 13TH St Apt 23
58. 64 CITY, ST, ZIP	Boca Raton, FL 33486

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0505, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: JAMES L. HIDALGO 4/28/95 (407) 395-0674
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Initials Please)