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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

NONPROFIT CORPORATION
ANNUAL REPORT
1996

DOCUMENT # 746162 (7)

1. Corporation Name
SPANISH OAKS CONDOMINIUM ASSOCIATION, INC.
d b a OAKS OF BOCA



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

3. Date Incorporated or Qualified: **03/07/1979**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-1889307**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: MD <input checked="" type="checkbox"/> DELETE	HIDALGO, JAMES L.
STREET ADDRESS: P. O. BOX 273262	BOCA RATON FL
CITY-ST-ZIP: BOCA RATON FL	
TITLE: VD <input type="checkbox"/> DELETE	WHITE, COLLEEN
STREET ADDRESS: 618 NW 13TH ST APT 16	BOCA RATON FL
CITY-ST-ZIP: BOCA RATON FL	
TITLE: PD <input type="checkbox"/> DELETE	BLOCH, IGAL
STREET ADDRESS: 817 NE 72ND ST	BOCA RATON FL
CITY-ST-ZIP: BOCA RATON FL	
TITLE: D <input type="checkbox"/> DELETE	PESES, MARVIN
STREET ADDRESS: 6430 VIA ROSA	BOCA RATON FL
CITY-ST-ZIP: BOCA RATON FL	
TITLE: D <input checked="" type="checkbox"/> DELETE	HEIDE, WILLIAM
STREET ADDRESS: 1275 N SWINTON AVE	DELRAY BCH FL
CITY-ST-ZIP: DELRAY BCH FL	
TITLE: D <input type="checkbox"/> DELETE	BERKEBILE, HARRY
STREET ADDRESS: 620 NW 13TH ST. APT 23	BOCA RATON FL
CITY-ST-ZIP: BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DEEN, DAVID
1.2 NAME: DEEN, DAVID	380 N.E. 23 Way
1.3 STREET ADDRESS: 380 N.E. 23 Way	BOCA RATON, FL
1.4 CITY-ST-ZIP: BOCA RATON, FL	
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	BLOCH, IGAL
3.2 NAME: BLOCH, IGAL	1446 NWBOCA RATON BLVD.
3.3 STREET ADDRESS: 1446 NWBOCA RATON BLVD.	BOCA RATON, FL
3.4 CITY-ST-ZIP: BOCA RATON, FL	
4.1 TITLE: SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D CARABALLO, JAY
5.2 NAME: CARABALLO, JAY	626 N.W. 13 St APT 37
5.3 STREET ADDRESS: 626 N.W. 13 St APT 37	BOCA RATON, FL
5.4 CITY-ST-ZIP: BOCA RATON, FL	
6.1 TITLE:	
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *IGAL BLOCH* **IGAL BLOCH - PRESIDENT** 395-0674
Date: _____ Daytime Phone: _____

CR2E037 (12/95)