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FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746162 (7)
 1. Corporation Name
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 33486-2402
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3. Date Incorporated or Qualified 03/07/1979	3a. Date of Last Report 05/10/1996
4. FEI Number 59-1889307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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: *Travis Jenkins* **TRAVIS JENKINS ACCOUNTANT**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	DELETE
NAME	DEEN, DAVID	
STREET ADDRESS	380NE 23RD WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	DELETE
NAME	WHITE, COLLEEN	
STREET ADDRESS	618 NW 13TH ST APT 16	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	DELETE
NAME	BLOCH, IGAL	
STREET ADDRESS	1446 NW BOCA RATON BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	DELETE
NAME	PESSER, MARVIN	
STREET ADDRESS	6430 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	DELETE
NAME	CARABALLO, JAY	
STREET ADDRESS	626 NW 13TH ST. APT. 37	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	DELETE
NAME	BERKEBILE, HARRY	
STREET ADDRESS	620 NW 13TH ST. APT 23	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD
4.3 STREET ADDRESS	SONN MORTIMER
4.4 CITY-ST-ZIP	626 NW 13TH ST. #38
	BOCA RATON, FL 33486
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *Travis Jenkins* **TRAVIS JENKINS** **REQUIRED**
 Signature and typed or printed name of signing officer or director Date: **4/23/97** Daytime Phone # **564-395-0671**

CR2E037 (9/96)