

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

**DOCUMENT # 746162 (7)**  
 1. Corporation Name  
**SPANISH OAKS CONDOMINIUM ASSOCIATION, INC.**



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

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 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	03/07/1979
4. FEI Number	59-1889307
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b>  <b>KAUFFMAN &amp; SCHWARTZ, P.A.</b> <b>CROCKER PLAZA</b> <b>5355 TOWN CENTER RD. #301</b> <b>BOCA RATON FL 33486</b>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>10. Name and Address of New Registered Agent</b> 81 Name <b>ST. JOHN, DICKER &amp; CAPLAN, P.A.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>500 AUSTRALIAN AVE. SUITE 600</b> 83 <b>CLEARLAKE PLAZA</b> 84 City <b>WEST PALM BEACH, FL</b> 85 Zip Code <b>33401</b>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 617.0502, Florida Statutes.

SIGNATURE [Signature] For ST JOHN, DICKER & CAPLAN DATE 5/28/98  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	D <del>DELETE</del>
NAME	DEEN, DAVID
STREET ADDRESS	380NE 23RD WAY
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WHITE, COLLEEN
STREET ADDRESS	618 NW 13TH ST APT 16
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BLOCH, IGAL
STREET ADDRESS	1446 NW BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MORTIMER, JOHN
STREET ADDRESS	626 N.W. 13TH ST., #38
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <del>DELETE</del>
NAME	CARABALLO, JAY
STREET ADDRESS	626 NW 13TH ST. APT. 37
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <del>DELETE</del>
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	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RITA SCHOUR
1.3 STREET ADDRESS	500 S. Ocean Blvd #401N
1.4 CITY-ST-ZIP	Boca Raton, FL
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WHITE, COLLEEN
2.3 STREET ADDRESS	616 N.W. 13 St, Boca Raton, FL
2.4 CITY-ST-ZIP	FL
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Igal Bloch
3.3 STREET ADDRESS	1446 N.W. Boca Raton Blvd.
3.4 CITY-ST-ZIP	Boca Raton, FL.
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MORTIMER, JOHN
4.3 STREET ADDRESS	626 N.W. 13 St.
4.4 CITY-ST-ZIP	BOCA RATON, FL.
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALEX BRAVERMAN
5.3 STREET ADDRESS	20951 Via Azalea #1
5.4 CITY-ST-ZIP	Boca Raton, FL
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOSE PICOLO
6.3 STREET ADDRESS	3230 N.E. 59 Street
6.4 CITY-ST-ZIP	Boca Raton, FL

14. 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 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: COLLEEN WHITE, PRESIDENT [Signature] 4/23/98

CR2E037 (10/97)