

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>600 NW 13TH ST. BOCA RATON FL 33486</b>	Mailing Address <b>600 NW 13TH ST. BOCA RATON FL 33486</b>
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3. Date Incorporated or Qualified <b>03/07/1979</b>	
4. FEI Number <b>59-1889307</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

**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 <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 retreating)

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DEEN, DAVID</b>	
STREET ADDRESS <b>380NE 23RD WAY</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>WHITE, COLLEEN</b>	
STREET ADDRESS <b>618 NW 13TH ST APT 16</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BLOCH, IGAL</b>	
STREET ADDRESS <b>1446 NW BOCA RATON BLVD.</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>MORTIMER, JOHN</b>	
STREET ADDRESS <b>626 N.W. 13TH ST., #38</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CARABALLO, JAY</b>	
STREET ADDRESS <b>626 NW 13TH ST. APT. 37</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BERKEBILE, HARRY</b>	
STREET ADDRESS <b>620 NW 13TH ST. APT 23</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>RITA SCHOUR</b>	
1.3 STREET ADDRESS <b>500 S. Ocean Blvd #401N</b>	
1.4 CITY-ST-ZIP <b>Boca Raton, FL</b>	
2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>WHITE, COLLEEN</b>	
2.3 STREET ADDRESS <b>616 N.W. 13 St, Boca Raton, FL</b>	
2.4 CITY-ST-ZIP <b>BOCA RATON, FL</b>	
3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Igal Bloch</b>	
3.3 STREET ADDRESS <b>1446 N.W. Boca Raton Blvd.</b>	
3.4 CITY-ST-ZIP <b>Boca Raton, FL.</b>	
4.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>MORTIMER, JOHN</b>	
4.3 STREET ADDRESS <b>626 N.W. 13 St.</b>	
4.4 CITY-ST-ZIP <b>BOCA RATON, FL.</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>ALEX BRAVERMAN</b>	
5.3 STREET ADDRESS <b>20951 Via Azalea #1</b>	
5.4 CITY-ST-ZIP <b>Boca Raton, FL</b>	
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>JOSE PICOLO</b>	
6.3 STREET ADDRESS <b>3230 N.E. 59 Street</b>	
6.4 CITY-ST-ZIP <b>Boca Raton, FL</b>	

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** *Colleen White* **4/23/98**

CP2E037 (10/97)