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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746162

1. Corporation Name

SPANISH OAKS CONDOMINIUM ASSOCIATION, INC.



503166-90108-28



Principal Place of Business

600 NW 13TH ST.  
BOCA RATON FL 33486

Mailing Address

600 NW 13TH ST.  
BOCA RATON FL 33486

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/07/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1889307

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNER, LARRY E P.A.  
750 SOUTH DIXIE HIGHWAY  
BOCA RATON FL 33432

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD  
NAME SCHOOR, RITA  
STREET ADDRESS 500 S OCEAN BLVD, #401 N  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE  
1.2 NAME D KLASFELD, MICHAEL  
1.3 STREET ADDRESS 70 SE 4TH AVE  
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE PD  
NAME WHITE, COLLEEN  
STREET ADDRESS 616 N W 13TH STREET  
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE D  
2.2 NAME PICCOLI, JOSE  
2.3 STREET ADDRESS 3230 NE 59TH ST  
2.4 CITY-ST-ZIP FT LAUDERDALE, FL 33308

TITLE D  
NAME BLOCH, IGAL  
STREET ADDRESS 1446 NW BOCA RATON BLVD.  
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE D  
3.2 NAME BRANCKMAN, AXCK  
3.3 STREET ADDRESS 20951 VIA AZALEA #1  
3.4 CITY-ST-ZIP BOCA RATON, FL 33428

TITLE PD  
NAME MORTIMER, JOHN  
STREET ADDRESS 626 N.W. 13TH ST., #38  
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD  
NAME BLOCH, IGAL  
STREET ADDRESS 1446 N W BOCA RATON BLVD  
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VD  
NAME MORTIMER, JOHN  
STREET ADDRESS 626 N W 13TH STREET  
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Collleen White* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 561-395-0674

Date

Daytime Phone #

CR2E037 (1/198)