

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746162

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1889307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PICCLO, JOSE
CITY-ST-ZIP 3230 NE 59TH ST.
FT. LAUDERDALE FL 33308

TITLE ☐ Delete
NAME D
STREET ADDRESS BRAKAMAN, AXGK
CITY-ST-ZIP 20951 VIA AZALEA #1
BOCA RATON FL 33428

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)