


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 20 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746162 1. Entity Name SPANISH OAKS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 600 NW 13TH ST. BOCA RATON, FL 33486	Mailing Address 600 NW 13TH ST. BOCA RATON, FL 33486
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09012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1889307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHOUR, RITA 500 S. OCEAN BLVD #401 N BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, COLLEEN 4599 BETELINT ST BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICOLO, JOSE 3230 NE 59TH ST. FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRAVERMAN, ALEX 10592 WHEELHOUSE CIRCLE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLOCH, IGAL 817 NE 72ND ST BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100059765911
09/20/05--01005--020 **61.25

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Colleen White, Pres

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: Colleen White, Pres Date: 9-7-05 561-395-0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #