

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

08-08-2008 90015 011 \*\*\*\*61.25


**40112908**



08012008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1889307</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DOCUMENT # 746162**  
 1. Entity 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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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
**RANDALL K. ROGER & ASSOCIATES, P.A.  
 621 N.W. 53RD ST -SUITE 300  
 BOCA RATON, FL 33487**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25  
 Due by September 12, 2008**

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 BETELNUT 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	D RODRIGUEZ, HECTOR 626 N.W. 13TH ST - #21 BOCA RATON, FL 33486

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_