

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 02, 2003 8:00 am
Secretary of State

0042135

05-02-2003 90129 034 ****61.25

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SCHNER, LARRY E P.A.
750 SOUTH DIXIE HIGHWAY
BOCA RATON FL 33432**

4. FEI Number **59-1889307**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. 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)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHOUR, RITA	
STREET ADDRESS	500 S. OCEAN BLVD #401 N	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITE, COLLEEN	
STREET ADDRESS	616 NW 13TH STREET #17	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICOLO, JOSE	
STREET ADDRESS	3230 NE 59TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRAVERMAN, ALEZ	
STREET ADDRESS	10592 WHEELHOUSE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLOCH, IGAL	
STREET ADDRESS	1446 N W BOCA RATON BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLASFIELD, MICHAEL	
STREET ADDRESS	2424 NE 22ND STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Colleen White, Pres* **4/23/03** **561-395-0674**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)