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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **747240**

1. Corporation Name

SPANISH OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1022 PALM HARBOR FL 34682	P.O. BOX 1022 PALM HARBOR FL 34682

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 05/18/1979

4. FEI Number: 59-2088271 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WARD, NORMAN
938 SPANISH OAKS BLVD.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: LINDA ROTZ

82 Street Address (P.O. Box Number is Not Acceptable): 841 SPANISH OAKS BLVD

83

84 City: PALM HARBOR, **FL** 85 Zip Code: 34683

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: Linda Rotz — 4/26/99 DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WARD, NORMAN		1.2 NAME	ROTZ, LINDA	
STREET ADDRESS	938 SPANISH OAKS BLVD.		1.3 STREET ADDRESS	841 SPANISH OAKS BLVD.	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MACEWEN, PATRICIA		2.2 NAME		
STREET ADDRESS	2034 WINDING OAKS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ROTZ, LINDA		3.2 NAME	CORNELL, TINA	
STREET ADDRESS	841 SPANISH OAKS BLVD		3.3 STREET ADDRESS	1022 SPANISH OAKS BLVD.	
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	KENT, LARRY		4.2 NAME	HATTON, JON D.	
STREET ADDRESS	2026 CINDY CR		4.3 STREET ADDRESS	2009 CINDY CIR.	
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Signature Required — 4-26-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)