

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 30, 2006
Secretary of State**

DOCUMENT# 767943

Entity Name: HOMEOWNER'S ASSOCIATION OF SPANISH OAKS, INC.

Current Principal Place of Business:

3150 NE 36TH AVE BOX 572
#3150 NE 36TH AVE
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

3150 NE 36TH AVE BOX 572
#3150 NE 36TH AVE
OCALA, FL 34479

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAUTNER, HOWARD
3150 N.E. 36TH AVE. LOT 166
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEYER, DONALD
Address: 3150 NE 36TH AVE, #216
City-St-Zip: OCALA, FL 34479

Title: V () Delete
Name: CRIDER, TERRY
Address: 3150 NE 36 AVE # 573
City-St-Zip: OCALA, FL 34479

Title: T () Delete
Name: MERRICK, JAMES E
Address: 3150 NE 36 AVE # 413
City-St-Zip: OCALA, FL 34479

Title: S () Delete
Name: KIRLIN, FAY
Address: 3150 NE 36 AVE. #521
City-St-Zip: OCALA, FL 34479

Title: D () Delete
Name: SHAPIRO, ED
Address: 3150 NE 36 AVE # 128
City-St-Zip: OCALA, FL 34479

Title: D () Delete
Name: BAKER, BEVERLY
Address: 3150 NE 36 AVE # 170
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAVIS, ROBERT
Address: 3150 NE 36 AVE # 574
City-St-Zip: OCALA, FL 34479

Title: D (X) Change () Addition
Name: SMITH, JANET
Address: 3150 NE 36 AVE # 421
City-St-Zip: OCALA, FL 34479

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E MERRICK

TREA

01/30/2006

Electronic Signature of Signing Officer or Director

Date