


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90028 034 ****61.25

DOCUMENT # N02253 1. Entity Name SPANISH TRACE OFFICE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1680 A1A SATELLITE BEACH, FL 32937			Mailing Address 1680 A1A SATELLITE BEACH, FL 32937		
2. Principal Place of Business 1680 A1A Suite, Apt. #, etc. STE 5		3. Mailing Address 1680 A1A Suite, Apt. #, etc. STE 5			
City & State Satellite Beach, FL Zip 32937		City & State Satellite Beach, FL Zip 32937		4. FEI Number 59-2888793 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent WALL, ELEANOR C 1680 HIGHWAY A1A STE 5 SATELLITE BCH., FL 32937			
7. Name and Address of New Registered Agent Name John L. Bocinsky Street Address (P.O. Box Number is Not Acceptable) 1680 HWY A1A STE 5 City Satellite Beach FL Zip Code 32937		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 <i>John L. Bocinsky</i> John L. Bocinsky 3-17-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALL, KENNETH R 1680 HWY A1A SATELLITE BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTSP John L. Bocinsky 1680 HWY A1A Unit 5 Satellite Beach, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E WALL, ELEANOR C 1680 HWY A1A SATELLITE BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCOTT KEMPS 1680 HWY A1A SATELLITE BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, BING 1680 HWY A1A SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>John L. Bocinsky</i> John L. Bocinsky 3-17-05 321-777-7500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					