

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:37

DOCUMENT # **N26709 (8)**
1. Corporation Name
SPANISH TRAILS WEST, HOME OWNERS ASSOC. INC.

Principal Place of Business Mailing Address
37801 EL SOL AVE 37801 EL SOL AVE
ZEPHYRHILLS FL 33541-6260 ZEPHYRHILLS FL 33541-6260

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **06/01/1988** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-2936074** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LIPTAK, JOHN
37811 PINATA AVENUE
ZEPHYRHILLS FL 33541
delete

10. Name and Address of New Registered Agent
81 Name **HUCUL, EDWARD**
82 Street Address (P.O. Box Number is Not Acceptable) **7124 NARANJA ST**
83
84 City **ZEPHYRHILLS** FL 85 Zip Code **3354**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Edward Hucul **Edward Hucul - PRESIDENT** **FEB 20 1995**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPTAK, JOHN <i>delete</i>	1.2 NAME	HUCUL, EDWARD
STREET ADDRESS	37811 PINATA AVE <i>delete</i>	1.3 STREET ADDRESS	7124 NARANJA ST.
CITY - ST - ZIP	ZEPHYRHILLS FL	1.4 CITY - ST - ZIP	ZEPHYRHILLS, FL 33541
TITLE	VD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAHL, RAYMOND R. S <i>delete</i>	2.2 NAME	HERRICK, TAD
STREET ADDRESS	7041 NARANJA <i>delete</i>	2.3 STREET ADDRESS	7035 SIESTA ST.
CITY - ST - ZIP	ZEPHYRHILLS FL	2.4 CITY - ST - ZIP	ZEPHYRHILLS, FL 33541
TITLE	TD	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANO, YVONNE <i>delete</i>	3.2 NAME	BERRY, AL
STREET ADDRESS	5101 EL RANCHO WAY <i>delete</i>	3.3 STREET ADDRESS	7117 EL RANCHO WAY
CITY - ST - ZIP	ZEPHYRHILLS FL	3.4 CITY - ST - ZIP	ZEPHYRHILLS, FL 33541
TITLE	SD	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNIK, JULIA <i>delete</i>	4.2 NAME	PARENTIER, AL
STREET ADDRESS	7027 NARANJA STR <i>delete</i>	4.3 STREET ADDRESS	37621 ROSALITA
CITY - ST - ZIP	ZEPHYRHILLS FL	4.4 CITY - ST - ZIP	ZEPHYRHILLS, FL 33541
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE Edward Hucul **Edward Hucul** **2/20/95** **813-718-5023**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)