

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 37601 EL SOL AVE ZEPHYRHILLS FL 33541-8260  
Mailing Address: 37601 EL SOL AVE ZEPHYRHILLS FL 33541-8260

3. Date Incorporated or Qualified: **06/01/1988**  
3a. Date of Last Report: **04/14/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HUCUL, EDWARD  
7124 NARANJA ST  
ZEPHYRHILLS FL 33541**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

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

**12. OFFICERS AND DIRECTORS**

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | PD                 | <input type="checkbox"/> DELETE            |
| NAME           | HUCUL, EDWARD      |  |
| STREET ADDRESS | 7124 NARANJA ST    |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL     |  |
| TITLE          | VD                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | HERRICK, TED       |  |
| STREET ADDRESS | 7035 SIESTA ST     |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL     |  |
| TITLE          | TD                 | <input type="checkbox"/> DELETE            |
| NAME           | BERRY, AL          |  |
| STREET ADDRESS | 7117 EL RANCHO WAY |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL     |  |
| TITLE          | SD                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | PARMENTER, AL      |  |
| STREET ADDRESS | 37621 ROSALITA     |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL     |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                    |  |
|--------------------|--------------------|--|
| 1.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                    |  |
| 1.3 STREET ADDRESS |                    |  |
| 1.4 CITY-ST-ZIP    |                    |  |
| 2.1 TITLE          | VD                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | TRAFETHEN, RUSSELL |  |
| 2.3 STREET ADDRESS | 37711 PINATA AVE   |  |
| 2.4 CITY-ST-ZIP    | ZEPHYRHILLS, FL    |  |
| 3.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                    |  |
| 3.3 STREET ADDRESS |                    |  |
| 3.4 CITY-ST-ZIP    |                    |  |
| 4.1 TITLE          | SD                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | COLLINGS, LETA     |  |
| 4.3 STREET ADDRESS | 7120 SIESTA STREET |  |
| 4.4 CITY-ST-ZIP    | ZEPHYRHILLS, FL    |  |
| 5.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                    |  |
| 5.3 STREET ADDRESS |                    |  |
| 5.4 CITY-ST-ZIP    |                    |  |
| 6.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                    |  |
| 6.3 STREET ADDRESS |                    |  |
| 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 119.07(3)(k), 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** 3-25-96 813-788-5083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)