


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

1997 SEP 26 PM 3: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26709 (8)**  
 1. Corporation Name  
**SPANISH TRAILS WEST, HOME OWNERS ASSOC. INC.**

Principal Place of Business <b>37601 EL SOL AVE ZEPHYRHILLS FL 33541-8260</b>	Mailing Address <b>37601 EL SOL AVE ZEPHYRHILLS FL 33541-8260</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> City & State
<b>24</b> Zip	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>06/01/1988</b>	<b>3a.</b> Date of Last Report <b>04/03/1996</b>
<b>4.</b> FEI Number <b>59-2936074</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

~~HUCUL EDWARD~~ **SNIDER, ARTHUR**  
~~7124 NARANJA ST~~ **7101 CABALLO ST**  
~~ZEPHYRHILLS FL 33541~~ **ZEPHYRHILLS, FL 33541**

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

**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 Arthur J. Snider **ARTHUR J. SNIDER** **9-23-97**  
Signature, typed or printed name of registered agent, and date (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUCUL, EDWARD	
STREET ADDRESS	7124 NARANJA ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TREFETHENM RUSSELL	
STREET ADDRESS	37711 PINATA AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, AL	
STREET ADDRESS	7117 EL RANCHO WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COLLINGS, LETA	SAME
STREET ADDRESS	7120 SIESTA STREET	
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	PD SNIDER, ARTHUR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES	
1.3 STREET ADDRESS	7101 CABALLO ST.	
1.4 CITY-ST-ZIP	ZEPHYRHILLS, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NOT APPLICABLE AT THIS TIME	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHANEY, VIRGINIA	
3.3 STREET ADDRESS	7132 SIESTA ST.	
3.4 CITY-ST-ZIP	ZEPHYRHILLS, FL	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Collings, Leta	
4.3 STREET ADDRESS	7120 SIESTA ST.	
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		

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 9/23/97

14. I do 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.

SIGNATURE: Leta Collings **SIGNATURE REQUIRED** **8-21-97**

CFR2E037 (4/97)