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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 37801 EL SOL AVE ZEPHYRHILLS FL 33541-8260	Mailing Address 37801 EL SOL AVE ZEPHYRHILLS FL 33541-8260
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3. Date Incorporated or Qualified 06/01/1988		
4. FEI Number 59-2936074	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

SNIDER, ARTHUR
7101 CABALLO ST
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name	DONALD TURNER
82 Street Address (P.O. Box Number Is Not Acceptable)	37610 PINATA AVE
83	
84 City	Zephyrhills FL
85 Zip Code	33541

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 **Don Turner** *Don Turner* **3-2-98**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SNIDER, ARTHUR	
STREET ADDRESS	7101 CABALLO ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHANEY, VIRGINIA	
STREET ADDRESS	7132 SIESTA ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINGS, LETA	
STREET ADDRESS	7120 SIESTA ST	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donald Turner	
1.3 STREET ADDRESS	37610 pinata Ave.	
1.4 CITY-ST-ZIP	Zephyrhills Fl 33541	D
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gloria M. Decker	
3.3 STREET ADDRESS	37643 Campo Ave.	
3.4 CITY-ST-ZIP	Zephyrhills, Fl. 33541	D
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: **VIRGINIA CHANEY** *Virginia Chaney* **1-29-98**

CR2E037 (10/97)