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 # **N94000005002 (0)**

1. Corporation Name

SPANISH OAKS SECTION III-IV CONDOMINIUM ASSOCIAT ION, INC.

Principal Place of Business	Mailing Address
2564 DEMARET DR. TITUSVILLLE FL 32780	2564 DEMARET DR. TITUSVILLLE FL 32780

3. Date Incorporated or Qualified: 10/11/1994

3a. Date of Last Report: 04/19/1995

2. Principal Place of Business — 21: See #1

2a. Mailing Address — 26: See No. 1.

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-2319030 ☐ 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

9. Name and Address of Current Registered Agent

ZELL, WILLIAM G
2564 DEMARET DR.
TITUSVILLE FL 32780

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ZELL, WILLIAM		1.2 NAME		
STREET ADDRESS	2564 DEMARET DRIVE		1.3 STREET ADDRESS	2582	
CITY-ST-ZIP	TITUSVILLLE FL 32780		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARBOUR, JEFFREY		2.2 NAME		
STREET ADDRESS	2564 DEMARET DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLLE FL 32780		2.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAUDIER, FRANK		3.2 NAME		
STREET ADDRESS	2596 DEMARET DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLLE FL 32780		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	FARMERL, FAYE		4.2 NAME	FARMER	
STREET ADDRESS	2592 DEMARET DRIVE		4.3 STREET ADDRESS	2584	
CITY-ST-ZIP	TITUSVILLLE FL 32780		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FERN, WILL		5.2 NAME		
STREET ADDRESS	2552 DEMARET DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLLE FL 32780		5.4 CITY-ST-ZIP		
TITLE	SHIRLEY FINN D-VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	2554 DEMARET DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL. 32780		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Wm. G. Zell WM. G. ZELL 3/11/96 407-269-9290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRESIDENT-DIRECTOR