FILE NOW: FILING FEE IS $61.25

FILED
Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2582 DELMARET DRIVE TITUSVILLLE FL 32780 US	2582 DELMARET DR. TITUSVILLLE FL 32780-4882 US

3. Date Incorporated or Qualified: **10/11/1994**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **59-2319030**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZELL, WILLIAM G 2564 DEMARET DR. TITUSVILLE FL 32780	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			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	2582 DELMARET DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLLE FL		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	~~DVP~~ SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FINN, SHIRLEY		3.2 NAME		
STREET ADDRESS	2554 DEMARET DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLLE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FARMER, FAYE		4.2 NAME		
STREET ADDRESS	2584 DEMARET DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLLE FL		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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [illegible] REQUIRED 2/8 1997 407 867 5435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0014996