

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90058 026 ****61.25

DOCUMENT # N94000005002

1. Entity Name
**SPANISH OAKS SECTION III-IV CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2564 DEMORET DR DEMARET
TITUSVILLE, FL 32780 US**

Mailing Address
**2564 DEMORET DR DEMARET
TITUSVILLE, FL 32780 US**

11001140



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2319030

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILL, FERN
2552 DEMARET DR
TITUSVILLE, FL 32780**

7. Name and Address of New Registered Agent

Name **FAITH EDWARDS**

Street Address (P.O. Box Number is Not Acceptable)

2566 DEMARET DR

City

FL

Zip Code
32780

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

FAITH EDWARDS
[Signature]

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

(NOTE: Registered Agent signature required when re-registering)

1/21/2004

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☒ Delete
NAME **ZELL, WILLIAM**
STREET ADDRESS **2582 DELMARET DRIVE**
CITY-ST-ZIP **TITUSVILLE, FL**

TITLE **TD** ☐ Delete
NAME **BARBOUR, JEFFREY**
STREET ADDRESS **2564 DEMARET DRIVE**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **SD** ☒ Delete
NAME **ZINK, MICHELLE**
STREET ADDRESS **2592 DEMARET DR**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **PD** ☒ Delete
NAME **FERN, WILL**
STREET ADDRESS **2552 DEMARET DRIVE**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **D** ☐ Delete
NAME **SIDNEY, EDWARDS**
STREET ADDRESS **2566 DEMARET DR**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Addition
NAME **JOHN HEMPFLING**
STREET ADDRESS **2556 DEMARET DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME **BOBBIE DANDEN**
STREET ADDRESS **2562 DEMARET DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **PD** ☒ Change ☐ Addition
NAME **FAITH EDWARDS**
STREET ADDRESS **2566 DEMARET DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey W. Barbour
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/2004

321-867-7140
321-268-8469