2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400005002

FILED Apr 22, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2564 DEMARET DR. TITUSVILLLE, FL 32780 US **Current Mailing Address: New Mailing Address:** 329 TAFT AVE COCOA BEACH, FL 32931 US FEI Number: 59-2319030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EDWARDS, FAITH 2566 DEMARET DR TITUSVILLE, FL 32780 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CRUMP, DOROTHY Name: Name: Address: 2568 DEMARET DR Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: PD () Delete Title: () Change () Addition BARBOUR, JEFFREY Name: Name: Address: 2564 DEMARET DRIVE Address: City-St-Zip: TITUSVILLLE, FL 32780 City-St-Zip: Title: () Delete Title: (X) Change () Addition DANDENEAU, BOBBIE DANDENEAU, BOBBIE Name: Name: 2562 DEMARET DR. 2562 DEMARET DR. Address: Address: City-St-Zip: TITUSVILLE. FL 32780 City-St-Zip: TITUSVILLLE, FL 32780 Title: () Delete Title: SD (X) Change () Addition Name: BREEN, MARCIA Name: BREEN, MARCIA 2588 DEMARET DRIVE 2588 DEMARET DRIVE Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY HERR AR 04/22/2008