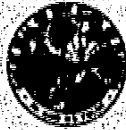


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:47

DOCUMENT # 711957 (1)

1. Corporation Name
SPRING LAKE VILLAS NO. 2 ASSOCIATION, INC.

Principal Place of Business Mailing Address
151 N.W. 42ND COURT POMPANO BCH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/14/1966	3a. Date of Last Report 04/12/1994
4. FEI Number 59-1290822	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under B. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent MALCOLM, MARY 151 NW 42ND CT POMPANO BCH FL 33064	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAEHL, GARY	1.2 NAME	
STREET ADDRESS	4270 N.W. 3RD AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCIFERS, RUTH	2.2 NAME	
STREET ADDRESS	4281 N.W. 1ST TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH, FL 00000	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, MARY	3.2 NAME	
STREET ADDRESS	151 N.W. 42ND COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENE, MICHAEL J	4.2 NAME	
STREET ADDRESS	4271 N.W. 1ST TERRACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, LORRAINE	5.2 NAME	
STREET ADDRESS	4251 NW 1ST TERRACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH, FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Malcolm April 6, 1995 (305) 781-9984
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
MARY MALCOLM, SECRETARY & TREASURER