

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 # 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

151 N.W. 42ND COURT
POMPANO BCH FL 33064

3. Date incorporated or Qualified **12/14/1966** 3a. Date of Last Report **04/11/1995**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4.	FEI Number	Applied For
	59-1290822	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
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALCOLM, MARY
151 NW 42ND CT
POMPANO BCH FL 33064

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MAEHL, GARY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4270 N.W. 3RD AVENUE	1.2 NAME	
STREET ADDRESS	POMPANO BCH, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SCIFERS, RUTH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4261 N.W. 1ST TERRACE	2.2 NAME	
STREET ADDRESS	POMPANO BCH, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD MALCOLM, MARY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	151 N.W. 42ND COURT	3.2 NAME	
STREET ADDRESS	POMPANO BCH, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DENE, MICHAEL J	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4271 N.W. 1ST TERRACE	4.2 NAME	
STREET ADDRESS	POMPANO BCH, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KUHN, LORRAINE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4251 NW 1ST TERRACE	5.2 NAME	
STREET ADDRESS	POMPANO BCH, FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Mary Malcolm March 20, 1996 (954) 781-9984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)