

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33064-2510

3. Date Incorporated or Qualified 12/14/1966	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

4. FEI Number 59-1290822	Applied For <input type="checkbox"/> 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

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**

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	PD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCIFERS, RUTH	2.2 NAME	
STREET ADDRESS	4261 N.W. 1ST TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VD RUIZ, ANGEL
STREET ADDRESS		6.3 STREET ADDRESS	4251 NW 1ST TERRACE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	POMPANO BEACH, FL

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: *Mary Malcolm*
MARY MALCOLM SECRETARY + TREASURER 3-20-97 (954) 781-9984

CP2E037 (9/96)