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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 151 N.W. 42ND COURT POMPANO BCH FL 33064	Mailing Address 151 N.W. 42ND COURT POMPANO BCH FL 33064
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3. Date Incorporated or Qualified 12/14/1966	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1290822		

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

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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
STREET ADDRESS	4270 N.W. 3RD AVENUE		1.2 NAME
CITY-ST-ZIP	POMPANO BCH, FL 00000		1.3 STREET ADDRESS
TITLE	D SCIFERS, RUTH	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
STREET ADDRESS	4261 N.W. 1ST TERRACE		2.1 TITLE
CITY-ST-ZIP	POMPANO BCH, FL 00000		2.2 NAME
TITLE	STD MALCOLM, MARY	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
STREET ADDRESS	151 N.W. 42ND COURT		2.4 CITY-ST-ZIP
CITY-ST-ZIP	POMPANO BCH, FL 00000		3.1 TITLE
TITLE	D DENE, MICHAEL J	<input checked="" type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS	4271 N.W. 1ST TERRACE		3.3 STREET ADDRESS
CITY-ST-ZIP	POMPANO BCH, FL 00000		3.4 CITY-ST-ZIP
TITLE	VD RUIZ, ANGEL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
STREET ADDRESS	4251 NW 1ST TERRACE		4.2 NAME
CITY-ST-ZIP	POMPANO BEACH FL		4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
STREET ADDRESS			5.1 TITLE
CITY-ST-ZIP			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PD BROADBUSH, T. NASH
<input type="checkbox"/> Change <input type="checkbox"/> Addition	4281 N.W. 1ST TERRACE
<input type="checkbox"/> Change <input type="checkbox"/> Addition	POMPANO BEACH, FL 33064-2510
<input type="checkbox"/> Change <input type="checkbox"/> Addition	VD
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D RIVERA, DAISY
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4270 N.W. 3RD AVENUE
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	POMPANO BEACH FL 33064-2510
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D ETIENNE, CHIMENE
<input type="checkbox"/> Change <input type="checkbox"/> Addition	4271 N.W. 1ST TERRACE
<input type="checkbox"/> Change <input type="checkbox"/> Addition	POMPANO BEACH, FL 33064-2510

14. 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 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, SECRETARY + TREASURER 3/31/98 (954) 781-9984

CR2E037 (10/97)