

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90015 016 ****61.25

DOCUMENT # 711957

1. Entity Name

SPRING LAKE VILLAS NO. 2 ASSOCIATION, INC.

Principal Place of Business
 4291
~~4281~~ NW 1ST TERRACE
 POMPANO BEACH FL 33064

Mailing Address
 4291
 4281 NW 1ST TERRACE
 POMPANO BEACH FL 33064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4291 NW 1 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Bch FL

City & State

4. FEI Number

59-1290822

Applied For

Not Applicable

Zip

Country

Zip

Country

33064

Florida

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, T
 4281 NW 1ST TERRACE
 POMPANO BEACH FL 33064

MOVING
 7-28-00

Name

Alice Ross

Street Address (P.O. Box Number is Not Acceptable)

4291 NW 1 Terr

City

Pompano Bch

FL

Zip Code

33064

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-5-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME MCLEAN, JOHN Delete
 STREET ADDRESS 4295 NW 1 TERRACE
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE SOLVATORE GURITA Change Addition
 NAME
 STREET ADDRESS 4295 NW 1 Terr.
 CITY-ST-ZIP Pompano Bch FL 33064

TITLE VD
 NAME ROSS, ALICE Delete
 STREET ADDRESS 4291 NW 1 TERRACE
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE STD
 NAME MARTIN, THOMAS Delete
 STREET ADDRESS 4281 NW 1 TERRACE
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-00

Date

Daytime Phone #

CR2E037 (5/00)