

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-16-2001 90209 037 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711957

1. Entity Name

SPRING LAKE VILLAS NO. 2 ASSOCIATION, INC.

U

Principal Place of Business

4291 NW 1ST TERRACE
POMPANO BEACH FL 33064

Mailing Address

4291 NW 1ST TERRACE
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

33 1230022

Not Applicable

Zip

Country

Zip

Country

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

ROSS, ALICE
4291 NW 1ST TERRACE
POMPANO BEACH FL 33064

Name PAUL KINSLER

Street Address (P.O. Box Number is Not Acceptable)
201 NW 42ND COURT
POMPANO BEACH, FL

City 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 *Paul Kinsler*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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	<input checked="" type="checkbox"/> Delete
NAME	MCLEAN, JOHN	
STREET ADDRESS	4295 NW 1 TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSS, ALICE	
STREET ADDRESS	4291 NW 1 TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, THOMAS	
STREET ADDRESS	4281 NW 1 TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL KINSLER	
STREET ADDRESS	201 NW 42ND COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VICE PRESIDENT TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	- SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL RHODES	
STREET ADDRESS	4281 NW 1 TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY ROGERS	
STREET ADDRESS	4260 NW 3RD AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIMENE ESTERINO	
STREET ADDRESS	4291 NW 1ST TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

12. 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 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:

Paul Kinsler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2001

Date

- 954 -
288-4311

Daytime Phone #