

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90036 023 \*\*\*\*61.25

**DOCUMENT # 711957**

1. Entity Name

**SPRING LAKE VILLAS NO. 2 ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4291 NW 1ST TERRACE  
 POMPANO BEACH FL 33064**

**4291 NW 1ST TERRACE  
 POMPANO BEACH FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1290822**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KINSLER, PAUL  
 201 NW 42ND COURT  
 POMPANO BEACH FL 33064**

Name

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

City

**FL**

Zip Code

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

**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 NAME	PT KINSLER, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	201 NW 42ND COURT POMPANO BEACH FL 33064	
TITLE NAME	VPT ROSS, ALICE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4291 NW 1 TERRACE POMPANO BEACH FL 33064	
TITLE NAME	STT RHODES, JOEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4281 NW 1 TERRACE POMPANO BEACH FL 33064	
TITLE NAME	D ROGERS, HENRY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	42 60 NW 3RD AVE POMPANO BEACH FL 33064	
TITLE NAME	D EFIEMMO, CHIMENE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4271 NW 1ST TERRACE POMPANO BEACH FL 33064	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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

1-10-02

954-288-4311

CR2E037 (9/01)