



FILED
Aug 30, 2004 8:00 am
Secretary of State

08-18-2004 90003 017 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 711957 1. Entity Name SPRING LAKE VILLAS NO. 2 ASSOCIATION, INC.																										
Principal Place of Business 4271 NW 1ST TERRACE POMPANO BEACH, FL 33064 Chimene Etienne		Mailing Address 201 NW 42ND CT POMPANO BEACH, FL 33064 4271 N.W. 1st. Terr. Pompano Bch, Fl.																								
2. Principal Place of Business 4271 N.W. 1st. Terr. Suite, Apt. #, etc. Unit # 33 City & State Pompano Beach, Florida	3. Mailing Address 33064 Suite, Apt. #, etc. City & State	<p style="font-size: 24px; font-weight: bold;">66432828</p> 																								
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	07022004 Chg-NP CR2E037 (10/03)																									
6. Name and Address of Current Registered Agent KINSLER, PAUL 201 NW 42ND COURT POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name Chimene Etienne Street Address (P.O. Box Number is Not Acceptable) 4271 N.W. 1st Terr. City Pompano Beach, 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. I am familiar with, and accept the obligations of registered agent.																										
SIGNATURE <i>Chimene Etienne</i> <small>Signature, typed or printed name of registered agent and fee applicant.</small>		DATE 8/11/04 <small>DATE</small>																								
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																								
Make check payable to Florida Department of State																										
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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 information.																										
SIGNATURE: <i>Chimene Etienne</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 8/11/04 <small>DATE</small>																								