


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90049 045 ****61.25

DOCUMENT # 715690

1. Entity Name
SPRING LAKE VILLAS NO. 3 ASSOCIATION, INC.



Principal Place of Business
 4331 NW 1ST TERRACE
 DEERFIELD BEACH, FL 33064 US

Mailing Address
 4331 NW 1ST TERRACE
 DEERFIELD BEACH, FL 33064 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01132008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-1779398

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, MARY
 4331 NW 1ST TERRACE
 DEERFIELD BEACH, FL 33064

7. Name and Address of New Registered Agent

Name **Gator Management of So. FL.**
 Street Address (P.O. Box Number is Not Acceptable)
615 Emerald Way East
 City **Deerfield Beach** FL Zip Code **33442**

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.

GATOR MANAGEMENT OF SO. FLORIDA
 SIGNATURE *John S. Bieler Manager* DATE **3-4-08**
Signature, typed or printed name of registered agent acceptable if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAZIO, STEPHANIE 4381 NW 1ST TER POMPAÑO BEACH, FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERMAN, MARY 4331 NW 1ST TERRACE POMPAÑO BCH, FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SNELL, ANN 4309 NW 1ST TERRACE DEERFIELD BEACH, FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKESLEE, SALLY 4305 NW 1ST TERRACE DEERFIELD BEACH, FL 33069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGT BIELER, JERRY 615 EMERALD WAY DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FAZIO, STEPHANIE 4381 NW 1st Terr. Pompano Beach, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SNELL, ANN 4309 NW 1st Terr. Deerfield Beach, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, ELIZABETH 4303 NW 1st Terr. Deerfield Beach, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Mary Sherman* Mary Sherman, Pres. 3/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #