

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727588 (6)
1. Corporation Name
SPRING CREEK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business DI PACE ANGELO 3831 NW 84TH AVE #1E SUNRISE FL 33351 US	Mailing Address DI PACE ANGELO 3831 NW 84TH AVE #1E SUNRISE FL 33351 US
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3. Date Incorporated or Qualified 09/27/1973	
4. FEI Number 59-1488931	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DI PACE, ANGELO 3831 NW 84TH AVENUE SUITE 1E SUNRISE FL 33351	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DI PACE, ANGELO
STREET ADDRESS	3831 NW 84TH AVE #1E
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	<input type="checkbox"/> DELETE
NAME	SD MOLTZ, ELLEN
STREET ADDRESS	3861 NW 84TH AVE #2C
CITY-ST-ZIP	SUNRISE FL
TITLE	<input type="checkbox"/> DELETE
NAME	DV DIPACE, FRANCIS
STREET ADDRESS	3851 NW 84TH AVE., #1B
CITY-ST-ZIP	SUNRISE FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD BELLOTT, IDA
STREET ADDRESS	3831 N.W. 84TH AVE #1F
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	<input type="checkbox"/> DELETE
NAME	SD TAYLOR, MARY
STREET ADDRESS	3761 N.W. 84TH AVE. 2B
CITY-ST-ZIP	SUNRISE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BURNS, FRANK
STREET ADDRESS	3761 N.W. 84TH AVE. 1B
CITY-ST-ZIP	SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (10/97)