

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90085 004 ***245.00

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DOCUMENT # 727588

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/27/1973

4. FEI Number

59-1488931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DI PACE, ANGELO
3831 NW 84TH AVENUE
SUITE 1E
SUNRISE FL 33351

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DI PACE, ANGELO
STREET ADDRESS 3831 NW 84TH AVE #1E
CITY-ST-ZIP SUNRISE FL 33351 ☐ DELETE

TITLE D
NAME MOLTZ, ELLEN
STREET ADDRESS 3861 NW 84TH AVE #2C
CITY-ST-ZIP SUNRISE FL ☐ DELETE

TITLE DV
NAME DIPACE, FRANCIS
STREET ADDRESS 3851 NW 84TH AVE., #1B
CITY-ST-ZIP SUNRISE FL ☐ DELETE

TITLE TD
NAME BELLOTT, IDA
STREET ADDRESS 3831 N.W. 84TH AVE #1F
CITY-ST-ZIP SUNRISE FL 33351 ☐ DELETE

TITLE D
NAME TAYLOR, MARY
STREET ADDRESS 3761 N.W. 84TH AVE. 2B
CITY-ST-ZIP SUNRISE FL ☒ DELETE

TITLE D
NAME BURNS, FRANK
STREET ADDRESS 3761 N.W. 84TH AVE. 1B
CITY-ST-ZIP SUNRISE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **HAWKINS, VINCENT**
5.4 CITY-ST-ZIP **3771 N.W. 84TH AVE. 1A**
SUNRISE FL 33351

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DI PACE, ANGELO R. DI PACE

1-7-99

Date

954-572-1808

Daytime Phone #

CR2E037 (11/98)