

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$163 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 10 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755010 (6)
1. Corporation Name
SPRINGLAKE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
8105 N.W. 100TH LANE 8105 N.W. 100TH LANE
TAMARAC FL 33321 TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/05/1980	3a. Date of Last Report 02/10/1994
4. FBI Number 59-2192821	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**GOLDMAN & JUDE, P.A.
7771 W. OAKLAND PARK BLVD.
SUITE 201
FT. LAUDERDALE 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LIPKIN, SAM
STREET ADDRESS	8027 NW 100 DR
CITY - ST - ZIP	TAMARAC FL
TITLE	D
NAME	GLINCHER, SELWYN
STREET ADDRESS	8110 N.W. 100 LANE
CITY - ST - ZIP	TAMARAC FL
TITLE	VPP
NAME	BENDER, BOB
STREET ADDRESS	8018 NW 100 DR
CITY - ST - ZIP	TAMARAC FL
TITLE	PD VPP
NAME	KELLER, DOROTHEA
STREET ADDRESS	8005 NW 100 DR.
CITY - ST - ZIP	TAMARAC FL
TITLE	D
NAME	ARONOWSKY, KENNETH
STREET ADDRESS	14008 NW 83 STR
CITY - ST - ZIP	TAMARAC FL
TITLE	D
NAME	KELLY, JAMES
STREET ADDRESS	7-10004 NW 83 STR
CITY - ST - ZIP	TAMARAC 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TREASURER
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PETER N. BENDER
3.3 STREET ADDRESS	8110 NW 100 Lane
3.4 CITY - ST - ZIP	TAMARAC, FL.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPP
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EDWARD BUCHER
5.3 STREET ADDRESS	8102 NW 117th Lane
5.4 CITY - ST - ZIP	TAMARAC, FL 33324
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Selwyn W. Glincher (Selwyn W. Glincher) / 3/95 305-776-0039
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)