

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Feb 26 1996 8:00 am  
Secretary of State

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



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

3. Date Incorporated or Qualified: 11/05/1980  
3a. Date of Last Report: 07/10/1995  
4. FEI Number: 59-2192821  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, State (FL), and 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: LIPKIN, SAM STREET ADDRESS: 8027 NW 100 DR CITY - ST - ZIP: TAMARAC FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TRES NAME: GLINCHER, SELWYN STREET ADDRESS: 8110 N.W. 100 LANE CITY - ST - ZIP: TAMARAC FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VPS 2.2 NAME: VAIRO, ANTHONY 2.3 STREET ADDRESS: 8109 NW 100 WAY 2.4 CITY - ST - ZIP: TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: NAZZARO, PETER STREET ADDRESS: 8115 NW 100TH LANE CITY - ST - ZIP: TAMARAC FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: KELLER, DOROTHEA STREET ADDRESS: 8005 NW 100 DR. CITY - ST - ZIP: TAMARAC FL	<input type="checkbox"/> DELETE	4.1 TITLE: PRESIDENT 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: BUSER, EDWARD STREET ADDRESS: 8102 NW 100TH LANE CITY - ST - ZIP: TAMARAC FL	<input type="checkbox"/> DELETE	5.1 TITLE: TROUBLESHOOTER 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KELLY, JAMES STREET ADDRESS: 1-10004 NW 83 STR CITY - ST - ZIP: TAMARAC FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *Edward D. Busser* 2/16/96 954 720 9571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)