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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33321-1294
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3. Date Incorporated or Qualified 11/05/1980	3a. Date of Last Report 02/26/1996
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2. Principal Place of Business 21 10191 W. Sample Rd Suite, Apt. #, etc. 22 203 City & State 23 Coral Springs FL Zip 24 33065	2a. Mailing Address 26 10191 W. Sample Rd Suite, Apt. #, etc. 27 203 City & State 28 Coral Springs FL Zip 29 33065	Country 25 Broward	Country 30 Broward
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4. FEI Number 59-2192821	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 ~~MARY PUSTIZZI~~ **JAMES CALDONAZZO**
82 Street Address (P.O. Box Number is Not Acceptable)
10191 W. Sample Rd
83 **Suite 203**
84 City **Coral Springs** **FL** 85 Zip Code **33065**

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 *James Caldonazzo* DATE **1/29/97**
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	LIPKIN, SAM
STREET ADDRESS	8027 NW 100 DR
CITY-ST-ZIP	TAMARAC FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	VAIRO, ANTHONY
STREET ADDRESS	8109 NW 100 WAY
CITY-ST-ZIP	TAMARAC FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NAZZARO, PETER
STREET ADDRESS	8115 NW 100TH LANE
CITY-ST-ZIP	TAMARAC FL
TITLE	P <input type="checkbox"/> DELETE
NAME	KELLER, DOROTHEA
STREET ADDRESS	8005 NW 100 DR.
CITY-ST-ZIP	TAMARAC FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	BUSER, EDWARD
STREET ADDRESS	8102 NW 100TH LANE
CITY-ST-ZIP	TAMARAC FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KELLY, JAMES
STREET ADDRESS	1-10004 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 type="checkbox"/> Addition
2.2 NAME	
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 checked="" type="checkbox"/> Addition
5.2 NAME	MARY PUSTIZZI
5.3 STREET ADDRESS	10007-1 N.W. 83 ST.
5.4 CITY-ST-ZIP	TAMARAC FL 33321
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 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 *Mary Pustizzi* *Healoo*

CR2E037 (9/96)