

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 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 # 755010 (6)

1. Corporation Name
SPRINGLAKE VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
10191 W SAMPLE RD 203 CORAL SPRGS FL 33065 US		10191 W SAMPLE RD 203 CORAL SPRGS FL 33065 US	
21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	2b	Suite, Apt. #, etc.
23	City & State	2c	City & State
24	Zip	2d	Country
25	Country	2e	Zip
26		2f	Country

3.	Date Incorporated or Qualified	11/05/1980	
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
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CALDORAZZO, JAMES
10191 W SAMPLE RD
STE 203
CORAL SPRGS FL 33065

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LIPKIN, SAM	1.1 TITLE	<input checked="" type="checkbox"/> DELETE
NAME	8027 NW 100 DR	1.2 NAME	
STREET ADDRESS	TAMARAC FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD VAIRO, ANTHONY	2.1 TITLE	<input type="checkbox"/> DELETE
NAME	8109 NW 100 WAY	2.2 NAME	
STREET ADDRESS	TAMARAC FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D NAZZARO, PETER	3.1 TITLE	<input type="checkbox"/> DELETE
NAME	8115 NW 100TH LANE	3.2 NAME	
STREET ADDRESS	TAMARAC FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P KELLER, DOROTHEA	4.1 TITLE	<input checked="" type="checkbox"/> DELETE
NAME	8005 NW 100 DR.	4.2 NAME	
STREET ADDRESS	TAMARAC FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T PUSTIZZI, MARY	5.1 TITLE	<input type="checkbox"/> DELETE
NAME	10007-1 NW 83 ST	5.2 NAME	
STREET ADDRESS	TAMARAC FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D KELLY, JAMES	6.1 TITLE	<input type="checkbox"/> DELETE
NAME	1-10004 NW 83 STR	6.2 NAME	
STREET ADDRESS	TAMARAC FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Mary Pustizzi* MARY PUSTIZZI 2/1/98

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