FILE NOW: FILING FEE IS \$61.25

Mailing Address

10191 W SAMPLE RD

CORAL SPRGS FL 33065

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755010

1. Corporation Name

Principal Place of Business 10191 W SAMPLE RD

CORAL SPRGS FL 33065

203

SPRINGLAKE VILLAS HOMEOWNERS ASSOCIATION, INC.

2. Principal P	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 11/05/1980								
21		26												
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number 59-2192821					 	olied For		
22		27					29-218	32021				Applicable		
City & State	e , , <u>-</u> -	City & State				5. Certificate of Status Desired						\$8.75 Additional Fee Required		
23 28			0									·		
Zip Country Zip			Country 30			6. Election Campaign Financing \$5.00 May Be								
24 25 29 9. Name and Address of Current Registered Agent						Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent								
		81	Name											
					Hanic	,								
CALDORAZZO, JAMES					Street Add	Street Address (P.O. Box Number is Not Acceptable)								
10191 W SAMPLE RD					83									
STE 203					3									
CORAL SPRGS FL 33065					City	FL 85 Zip Code								
11. Pursuant	es, the a	bove	named col	rporatio	n submits	this stateme	ent for the p	ourpose of	changing its	registered				
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.														
agent. i a	m ramiliar with, and accept the obligation	ons or, Section 617.0303, Fic	riua Stati	utos.										
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent	signature requi	ired when	reinstating)			DATE				
12.	OFFICERS AND		13.					NS/CHANGE	S TO OFF	ICERS AN	ID DIRECTO	RS IN 12		
TITLE	VPD	1.1 TT	ΠĒ		VPD					☐ Change	Addition			
NAME	VAIRO, ANTHONY			ME		,	a C	uminel	1 4		_			
STREET ADDRESS				1.3 STREET ADDRESS			Linda Cuminelli 8002 NW 100th Drive							
	TAMARAC FL					Tamarac, FL								
CITY-ST-ZIP TITLE	D DELETE			1.4 CITY-ST-ZIP			arac	, <u>P</u> L.			☐ Change	Addition		
	NAZZARO, PETER		2.2 N		1 '	D D		77.1 1						
NAME '	8115 NW 100TH LANE	•						Klaub						
STREET ADDRESS	TAMARAC FL							NW 83	St.					
CITY-ST-ZIP		☐ DELETE	2.4 U	ITY-ST			arac	, FL			Change	Addition		
TITLE	-44C + 1D = -				, ,	D						_		
NAME	PUSTIZZI, MARY				(4			opfan	_ , '2		•			
STREET ADDRESS	10007-1 NW 83 ST					8110	WN C	100th	Lane	• .				
C(TY-ST-ZIP	TAMARAC FL DELETE			3.4. CITY-ST-ZIP			arac	, FL			Change	Addition		
TITLE	D NELLY IAMES													
NAME	KELLY, JAMES		4. 2 N								•			
STREET ADDRESS	1-10004 NW 83 STR				ADDRESS									
CITY-ST-ZIP	TAMARAC FL	☐ DELETE	_	TY-ST	·ZIP			· 			☐ Change	☐ Addition		
TITLE			5.1 TT 5.2 N/		-						ing orienge			
NAME	• ,				ADDRESS			•						
STREET ADDRESS	,													
CITY-ST-ZIP		FTI NEI ETE	5.4 CI 6.1 TI	TY-ST	-217				·		Change	Addition		
TITLE		DELETE							:			☐ Wirding!!		
NAME			6.2 N/											
STREET ADDRESS					ADDRESS									
CITY-ST-ZIP				TY-ST		•	446.55	10141 E		C	416 . 41 4	, -4		
	certify that the information supplied with on this annual report or supplemental a													
officer or	director of the corporation or the receive or Block 13 if changed, or on an attach	er or trustee empowered to e	execute th	ıış re	port as req	quired by	y Chapter	617, Florida	a Statutes;	and that n	ny name appe	ars in		

SIGNATURE

SIGNATURE AND THE PROPERTY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 954-72/-3311 Date Daytime Phone #

FILED

03-22-1999 90088 025 ****61.25

Mar 22, 1999 8:00 am § Secretary of State

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