

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90071 020 ****61.25

DOCUMENT # 755010

1. Entity 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

00075101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2192821

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KLAUBER, BERNARD	10008-3 NW 83RD ST	TAMARAC FL	<input type="checkbox"/>
D	NAZZARO, PETER	8115 NW 100TH LANE	TAMARAC FL	<input type="checkbox"/>
PD	PUSTIZZI, MARY	10007-1 NW 83 ST	TAMARAC FL	<input type="checkbox"/>
D	KELLY, JAMES	1-10004 NW 83 STR	TAMARAC FL	<input type="checkbox"/>
D	HOPFAN, ANITA	8110 NW 100TH LANE	TAMARAC FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02
 Date

Daytime Phone #

CR2E037 (9/01)