

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90122 033 ****61.25



DOCUMENT # 755010

1. Entity Name

SPRINGLAKE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

10191 W SAMPLE RD
 203
 CORAL SPRGS FL 33065
 US

Mailing Address

10191 W SAMPLE RD
 203
 CORAL SPRGS FL 33065
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2192821

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KLAUBER, BERNARD	
STREET ADDRESS	10008-3 NW 83RD ST	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MFLETSKY, RANDE	
STREET ADDRESS	8205 NW 100TH LANE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOPFAN, ANITA	
STREET ADDRESS	8110 NW 100TH LANE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, JAMES	
STREET ADDRESS	1-10004 NW 83 STR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IZAGUIRRE, PETER	
STREET ADDRESS	8155 NW 100TH DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STIEFEL, RICHARD	
STREET ADDRESS	8113 NW 100TH DR.	
CITY-ST-ZIP	TAMARAC FL 33321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STECKLER LUCINE	
STREET ADDRESS	8121 NW 100 LANE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIMINELLI LINDA	
STREET ADDRESS	8002 NW 100 DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Anita Hopfan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05
 Date

Daytime Phone #