

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90283 002 \*\*\*\*61.25



**DOCUMENT # 755010**  
 1. Entity Name  
**SPRINGLAKE VILLAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 10191 W SAMPLE RD      10191 W SAMPLE RD  
 203      203  
 CORAL SPRGS FL 33065      CORAL SPRGS FL 33065  
 US      US



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)  
 4. FEI Number      Applied For  
**59-2192821**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	T <input type="checkbox"/> Delete
NAME	KLAUBER, BERNARD
STREET ADDRESS	10008-3 NW 83RD ST
CITY-ST-ZIP	TAMARAC FL
TITLE	D <input type="checkbox"/> Delete
NAME	STECKLER, LUCINE E
STREET ADDRESS	8121 NW 100 LANE
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	P <input type="checkbox"/> Delete
NAME	HOPFAN, ANITA
STREET ADDRESS	8110 NW 100TH LANE
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KELLY, JAMES
STREET ADDRESS	1-10004 NW 83 STR
CITY-ST-ZIP	TAMARAC FL
TITLE	D <input type="checkbox"/> Delete
NAME	CIMINELL, LINDA
STREET ADDRESS	8002 NW 100 DR
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	PD <input checked="" 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	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>RAWOY MULLER</del> 8119 LN
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAWOY MILETSKY
STREET ADDRESS	8205 NW 100 LN.
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINI MILETSKY
STREET ADDRESS	8205 NW 100 LN.
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMILIA COZA POBLEN
STREET ADDRESS	10004-2 NW 83 ST
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Handwritten Signature]*

3/17/06