

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90030 012 ****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



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

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

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. 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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
T	KLAUBER, BERNARD	10008-3 NW 83RD ST	TAMARAC FL	<input type="checkbox"/>
D	STECKLER, LUCINE	8121 NW 100 LANE	TAMARAC FL 33321	<input type="checkbox"/>
VPD	HOPFAN, ANITA	8110 NW 100TH LANE	TAMARAC FL 33321	<input checked="" type="checkbox"/>
D	CUZADO, CAMILLA	10004-2 NW 83 ST	FORT LAUDERDALE FL 33321	<input checked="" type="checkbox"/>
D	CIMINELL, LINDA	8002 NW 100 DR	TAMARAC FL 33321	<input checked="" type="checkbox"/>
D	MILETSKY, RANDI	8205 NW 100 LN	FORT LAUDERDALE FL 33321	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DIRECTOR				<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	LUCILLE STECKLER			<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRESIDENT	JAMES DUFFY	10004 NW 83RD ST Unit 1	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.	RICHARD STECKLER	8113 NW 100TH DRIVE	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	DEAN PFAU	8104 NW 100TH DRIVE	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	CALANA LVELESS HUMES	9201 NW 100TH DRIVE	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

James Duffy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-07 954-234-4392
Date Daytime Phone #