


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90020 036 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/07)

4. FEI Number **59-2192821** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLAUBER, BERNARD		NAME	MOOD, JAMES	
STREET ADDRESS	10008-3 NW 83RD ST		STREET ADDRESS	8122 NW 100 DR	
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STECKLER, LUCILLE		NAME	MAURO, JOHN	
STREET ADDRESS	8121 NW 100 LANE		STREET ADDRESS	10004-3 NW 83 ST	
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, JAMES		NAME		
STREET ADDRESS	10004 NW 83RD ST UNIT 1		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIEFEL, RICHARD		NAME		
STREET ADDRESS	8113 NW 100TH DR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	PFAU, DEAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRAY, DEAN		NAME	SAME AS 10.	
STREET ADDRESS	8104 NW 100TH DRIVE		STREET ADDRESS	SAME AS 10.	
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELESS HUMES, CALANA		NAME		
STREET ADDRESS	8201 NW 100TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		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: Dean PfaU DEAN PFAU - TREASURER 5/1/08 954-805-5958