


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90046 045 ****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
Suite, Apt. #, etc.

3. Mailing Address
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**

CHECK HERE IF MAKING CHANGES

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: MARY PUSTIZZI, PRES HOA 1/14/03

CR2E037 (10/02)