


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **763777** (0)
1. Corporation Name
SPRINGDALE LAKE "A" CONDOMINIUM ASSOCIATION, INC



Principal Place of Business C/O BENCHMARK PROPERTY MGT. 7832 WILES ROAD CORAL SPRINGS FL 33067	Mailing Address C/O BENCHMARK PROPERTY MGT. 7832 WILES ROAD CORAL SPRINGS FL 33067
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 07/12/1982
4. FEI Number 59-2213110
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BELL, JOHN 4935 NW 82ND AVENUE LAUDERHILL FL 33351
--

10. Name and Address of New Registered Agent 81 Name Stacy Salanari 82 Street Address (P.O. Box Number Is Not Acceptable) 4943 N. W. 82nd Avenue 83 City Lauderhill FL 85 Zip Code 33351
--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Stacy Salanari (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUSSLEIN, TERRY	
STREET ADDRESS	4931 NW 82ND AVENUE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BELL, JOHN	
STREET ADDRESS	4935 N 82ND AVE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	VAN METER, SUSAN	
STREET ADDRESS	4951 NW 82ND AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stacy Salanari	
1.3 STREET ADDRESS	4943 N. W. 82nd Avenue	
1.4 CITY-ST-ZIP	Lauderhill, FL 33351	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Debra Lottimer	
2.3 STREET ADDRESS	4947 N. W. 82nd Avenue	
2.4 CITY-ST-ZIP	Lauderhill, FL 33351	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stacy Salanari 3/4/98

CR2037 (10/97)