FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **POCUMENT #**

Principal Place of Business

Mailing Address

SPRINGDALE LAKE "B" CONDOMINIUM ASSOCIATION, INC

C/O BENCHMARK PROP. MGMT. 7832 WILES ROAD C/O BENCHMARK PROP. MGMT. 3. Date Incorporated or Qualified 7932 WILES ROAD CORAL SPRINGS FL 33067 <u>11/17/1982</u> CORAL SPRINGS FL 33067 4. FEI Number Applied For 59-2266328 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Added to Fees Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ No 23 Yes Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name <u>Karen Larsen</u> COSGROVE, ROBERT dress (P.O. Box Number is Not Acceptable)
4963 N.W E2nd Avenue 82 Street Address 4936 N.W. 82ND AVENUE 83 LAUDERHILL FL 33351 84 City Zip Code 33351 Lauderhill 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 **GIGNATURE** red agent and title if applicable (NOTE: Registered Agent signature required when rainstating 12. ERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DE DELETE TITLE 1.1 TITLE **K** Change NAME COSGROVE, ROBERT 1.2 NAME Karen Larsen STREET ADDRESS 4936 NW 82ND AVE 1.3 STREET ADDRESS 4963 N.W. 82nd Ave. 1 Lauderhill, FL 33351 LAUDERHILL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change ■ Addition Carol Fontaine LARSER, KAREN NAME 22 NAME 4965 N.W. 82nd Ave. **4963 NW 82ND AVE** STREET ADDRESS 2.3 STREET ADDRESS LAUDERHILL FL Lauderhill, FL 33351 CITY-ST-ZIP 2.4 CITY-ST-ZIP S/T/D TITLE DELETE Change 3.1 TITLE Addition NAME COFFMAN, TAMI Allyson Osborne 3.2 NAME STREET ADDRESS 4969 NW 82ND AVENUE 3.3 STREET ADDRESS 4940 N.W. 82nd Ave. Lauderhill fl CITY-ST-ZIP 3.4. CITY-ST-ZIP Lauderhill, FL 33351 DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 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 cath; 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:

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST- ZIP

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ DELETE

Change

Addition

Addition

FILED

Apr 29 1998 8:00am

Secretary of State