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Jun 02 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 # **N 20722**  
1. Corporation Name  
**Spanish Spring Townhomes, Inc.**

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified

4. FEI Number **65-0086181** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 **40 United Community Mgmt** 26 **United Community Mgmt.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **3300 University Dr. #405** 27 **3300 University Dr. #405**  
City & State City & State

23 **Coral Springs, FL** 28 **Coral Springs, FL**  
Zip Country Zip Country

24 **33065** 25 **USA** 29 **33065** 30 **USA**

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **United Community Mgmt Corp**

82 Street Address (P.O. Box Number is Not Acceptable) **3300 University Dr. #405**

83

84 City **Coral Springs** FL 85 Zip Code **33065**

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 **United Community Mgmt. Corp.** **A. Closter**, President 07/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME **Pd Mary Hadky**

1.3 STREET ADDRESS **240 N.E. 17 Ct. # 705**

1.4 CITY-ST-ZIP **FLAuda, FL. 33305**

2.1 TITLE  Change  Addition

2.2 NAME **STB**

2.3 STREET ADDRESS **Mark Dickmeyer**

2.4 CITY-ST-ZIP **281 N.E. 16 Pl. #401**

3.1 TITLE  Change  Addition

3.2 NAME **VB**

3.3 STREET ADDRESS **Peter Langlykke**

3.4 CITY-ST-ZIP **281 N.E. 16 PLACE # 301**

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME **000002546390**

5.3 STREET ADDRESS **-06/03/98--01086--016**

5.4 CITY-ST-ZIP **\*\*\*61.25**

6.1 TITLE  Change  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: **Peter Langlykke** PETER LANGLYKKE 4-30-98 523-0908  
DATE Daytime Phone #

CR2E037 (10/97)