FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

NON-PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40780

1. Corporation Name

The NORTH SPRINGS COURT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
c/o Sunrae Management 4000 N.State Rd. 7 Suite 408-A Lauderdale Lakes,FL 33319	c/o Sunrae Management 4000 N.State Rd. 7 Suite 408-A Lauderdale Lakes, FL33319

3. Date Incorporated or Qualified: 11/13/1990
3a. Date of Last Report: 07/95

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 650240086 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUNRAE MANAGEMENT SERVICES, INC.
4000 N. State Road 7, Suite 408-A
Lauderdale Lakes, FL 33319

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/VP	☐ DELETE	11 TITLE	D/P	XX Change ☐ Addition
NAME	Josh, Rose		12 NAME	Josh, Rose	
STREET ADDRESS	9731 N.W. 47 Dr.		13 STREET ADDRESS	9731 NW 47 Dr.	
CITY-ST-ZIP	Coral Springs, FL 33076		14 CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	S/D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	Romeo,Wiggins		22 NAME		
STREET ADDRESS	4659 NW 99th Terrace		23 STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33076		24 CITY-ST-ZIP		
TITLE	P/D	XX DELETE	31 TITLE		☐ Change ☐ Addition
NAME	Steve Melnick		32 NAME		
STREET ADDRESS	9915 NW 47 St.		33 STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33076		34 CITY-ST-ZIP		
TITLE	T/D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	Barry, Levine		42 NAME		
STREET ADDRESS	9771 NW 47th Dr.		43 STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33076		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	Mark, Gusack		52 NAME		
STREET ADDRESS	9800 NW 47th Dr.		53 STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33076		54 CITY-ST-ZIP		
TITLE	D	XX DELETE	61 TITLE		☐ Change ☐ Addition
NAME	Jerry, Lyman		62 NAME		
STREET ADDRESS	4632 NW 100th Terrace		63 STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33076		64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] J. Rose 7-17-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date