## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#711579** 

Apr 29, 2007 Secretary of State

Entity Name: SPRING LAKE VILLAS NO. 1 ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 141 N.W. 41ST COURT POMPANO BEACH, FL 33064 US **Current Mailing Address: New Mailing Address:** JSB PROPERTY MANAGEMENT JSB PROPERTY MANAGEMENT 4712 NW 6TH AVENUE PO BOX 50373 POMPANO BEACH, FL 33064 US LIGHTHOUSE POINT, FL 33074 US FEI Number: 59-2356560 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BASS, MICHAEL R 600 S. ANDREWS AVENUE - 6TH FLOOR FT. LAUDERDALE, FL 33301 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MICAL, HENRY Name: Name: 155 NW 41ST CT. Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: VPD Title: ( ) Delete () Change () Addition Name: PHILO, RALPH Name: Address: 121 NW 41ST CT. Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: () Delete Title: () Change () Addition FOREST, SILVAIN Name: Name: Address: 201 NNW 41ST CT. Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: TD (X) Delete Title: () Change () Addition Name: FUSSNER, ANGELA Name: Address: 150 NW 42ND CT. Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE BLUM PM04/29/2007