


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90041 008 \*\*\*\*61.25

DOCUMENT # 711957			
1. Entity Name SPRING LAKE VILLAS NO. 2 ASSOCIATION, INC.			
Principal Place of Business 4295 NW 1 TERR POMPANO BEACH FL 33064 <b>SALVATORE-GURRERA</b>		Mailing Address 4295 NW 1 TERR POMPANO BEACH FL 33064	
2. Principal Place of Business - No P.O. Box # Spring Lake VILLAS #2 4295 NW Itenace City & State POMPANO-BEACH		3. Mailing Address 4295 NW Itenace UNIT H 30 City & State POMPANO-BEACH FL	
Suite, Apt., etc. 4295 NW Itenace		Suite, Apt. #, etc. UNIT H 30	
City & State POMPANO-BEACH		City & State POMPANO-BEACH FL	
Zip 33064		Zip 33064	
Country BROWARD		Country BROWARD	
4. FEI Number 59-1290822		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GURRERA, SALVATORE 4275 NW 1ST TERR POMPANO BEACH FL 33064		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Salvatore Gurrera</i>		DATE: 2/16/2007	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GURRERA, SALVATORE 4295 NW 1ST TERR POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V METHOD, JULIA 42B1 NW 1ST TERR POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T GURRERA, ANGELA 4295 NW 1 TERR POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S GRATZ, RUTH F 251 NW 42 CT POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Salvatore Gurrera</i>		DATE: 3/14/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day of Month Year	