FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 9:24

DOCUMENT # **725242** **(2)**

1. Corporation Name
SPRING CREEK CONDOMINIUM APARTMENTS PHASE I, INC

Principal Place of Business	Mailing Address
3851-A N.W. 84TH AVE SUNRISE FL 33351	3851-A N.W. 84TH AVE SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1973
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1488931 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 Doug Gallik 22 3821 NW 84th Ave #2D 23 Sunrise, Fla 24 Zip 33351 25 Country Broward	2a. Mailing Address 26 Doug Gallik 27 3821 NW 84th Ave #2D 28 Sunrise, Fl 29 Zip 33351 30 Country Broward

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GALLIK, JANE 3821 N.W. 84TH AVE. 2D SUNRISE FL 33351	81 Douglas Gallik 82 Street Address (P.O. Box Number is Not Acceptable) 3821 NW 84th Ave #2D 83 84 City Sunrise FL 85 Zip Code 33351

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: Douglas GALLIK Douglas Gallik Rec'd 3-3-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/T	X Change ☐ Addition
NAME	MOLZ, ELLEN	12 NAME	Gann, Eleanor	
STREET ADDRESS	3861 NW 84TH AVE #2C	13 STREET ADDRESS	3861 NW 84th Ave #2C	
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP	Sunrise, Fl 33351	
TITLE	DP	21 TITLE	S/D	X Change ☐ Addition
NAME	SNYDER, DOROTHY	22 NAME	Molz, Ellen	
STREET ADDRESS	3851 NW 84TH AVE #1A	23 STREET ADDRESS	3861 NW 84th Ave #2C	
CITY-ST-ZIP	SUNRISE, FL 00000	24 CITY-ST-ZIP	Sunrise, Fl 33351	
TITLE	STD	31 TITLE	D/P	X Change ☐ Addition
NAME	PETERSON, BERT	32 NAME	DiPace, Francis	
STREET ADDRESS	3861 N.W. 84TH AVE., #1D	33 STREET ADDRESS	3851 NW 84th Ave #1B	
CITY-ST-ZIP	SUNRISE, FL 00000	34 CITY-ST-ZIP	Sunrise, Fl 33351	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

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)(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: ELLEN MOLZ Ellen B. Molz May 17, 1995 305-730-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0010600