

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Mar 11 1996 8:00 am
Secretary of State

DOCUMENT # 725242 (2)

1. Corporation Name

SPRING CREEK CONDOMINIUM APARTMENTS PHASE I, INC



Principal Place of Business

Mailing Address

C/O GALLIK, DOUG
3821 NW 84TH AVE #2D
SUNRISE FL 33351
US

C/O GALLIK, DOUG
3821 NW 84TH AVE #2D
SUNRISE FL 33351
US

3. Date Incorporated or Qualified
01/08/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 % DI PACE, ANGELO

26 % DI PACE, ANGELO

4. FEI Number
59-1488931

Applied For
Not Applicable

22 3831 N.W. 84TH AVE. 1E

27 3831 N.W. 84TH AVE. 1E

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

23 SUNRISE, FL 33351

28 SUNRISE FL

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

24 33351

29 33351

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

25 BROWARD

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLIK, DOUGLAS
3821 N.W. 84TH AVE. 2D
SUNRISE FL 33351

81 Name ANGELO DI PACE
82 Street Address (P.O. Box Number is Not Acceptable)
3831 N.W. 84TH AVE 1E
83 ~~SUNRISE~~
84 City SUNRISE FL 85 Zip Code 33351

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

Angel R. Di Pace

ANGELO R. DI PACE

PRESIDENT

3/4/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DT	GANZ, ELEANOR	3861 NW 84TH AVE #2C	SUNRISE FL	<input type="checkbox"/>
SD	MOLTZ, ELLEN	3861 NW 84TH AVE #2C	SUNRISE, FL 00000	<input type="checkbox"/>
DP	DIPACE, FRANCIS	3851 NW 84TH AVE #1B	SUNRISE, FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Francis Di Pace

FRANCIS DI PACE

2-17-96

954-744-3632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)