FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

725242

(2)

SPRING CREEK CONDOMINIUM APARTMENTS PHASE I, INC

FILED					
Feb 10 1998 8:00am					
Secretary of State					

Principal Place of Business Mailing Address				ı tabrici sınasa rindet arısın tilkit Arbısa vini, dirbit dirbit dirbit dibiti dibiti dibiti dibiti dibiti dibit	
C/O DI PACE. 3831 N.W. 84TI SUNRISE FL 33 US	H AVE. 1E	C/O DI PACE. ANGELO 3831 N.W. 84TH AVE. 1E SUNRISE FL 33351 US			3. Date Incorporated or Qualified 01/08/1973 4. FEI Number Applied For
2. Principal Place of Business 2a. Malling Address					59-1488931 Not Applicable
21		26			5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association? Yes No
Zip Country		Zip Country		try	8. This corporation owes or has paid the current year Intengible
24 25 29 9. Name and Address of Current Regi			30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
<u> </u>	9, Italia and Agains of Cont	ant negratored Agent	ε	1 Name	ID. Hallio BID Address of How Hogisters Again
DI PACE	, ANGELO		E	Street Add	dress (P.O. Box Number is Not Acceptable)
3831 N.\	W. 84TH AVE. 1E		L		
SUNRIS	E FL 33351		ľ	3	
			Ε	4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statu	ites, the abo	ve-named cor by the corpora	poration submits this statement for the purpose of changing its registered
agent. I a	im familiar with, and accept the obli	gations of, Section 617.0503, F	iorida Statut	es.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered a	oent and title if applicable (NO	TE: Registered	ugeni eignature regu	uired when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DT	☐ DELETE	1.1 T ITL		Change Addition
NAME	4		1.2 NAM	E	
STREET ADDRESS	3861 N.W. 84TH AVE. 10		1	ET ADDRESS	
CITY-ST-ZIP TITLE	SUNRISE FL SD	DELETÉ	2.1 TITL	-ST-ZIP	☐ Change ☐ Addition
NAME	MOLTZ, ELLEN		2.2 NAM		
STREET ADDRESS	3861 NW 84TH AVE #2C		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 00000 2.		2. 4 CITY	'- ST- ZIP	· h ₁ · · · · ·
TITLE	OP .	☐ DELETE	3.1 TITLI	- 1	Change Addition
NAME	DIPACE, FRANCIS		3.2 NAM		
STREET ADDRESS	OLINDIOE EL AGOS			ET ADDRESS	
CITY-ST-ZIP TITLE	SUMMISE, FL GOOD	DELETE	4.1 TITLE	-ST-ZIP	Change Addition
NAME				DE !	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 City	-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAM	1	
STREET ADDRESS CITY-ST-ZIP			5.3 STRE 5.4 CITY	ET ADDRESS	
TITLE			6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAM		·
STREET ADDRESS			6.3 STRE	et adoress	
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	

4. Thereby certify that the information supplied with this filing 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.

CIGNATURE

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DEU 149.3622