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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:44

DOCUMENT # **726485** (6)

1. Corporation Name

SPRING CREEK CONDOMINIUM APARTMENTS PHASE II, IN C.

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: 05/23/1973
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1488931 ☐ Applied For ☐ Not Applicable
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 § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Douglas Gallik	26 Douglas Gallik
Suite, Apt. #, etc. 22 3821 NW 84th Av #2D	Suite, Apt. #, etc. 27 3821 NW 84th Av #2D
City & State 23 Sunrise, Fl	City & State 28 Sunrise, Fl
Zip / Country 24 33351 / 25 Broward	Zip / Country 29 33351 / 30 Broward

9. Name and Address of Current Registered Agent

GALLIK, JANE
3821 N.W. 84TH AVENUE 2D
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name: Douglas Gallik
82 Street Address (P.O. Box Number is Not Acceptable): 3821 NW 84th Av #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 Pres 3-3-95
(Signature, typed or printed name of registered agent and the capacity) (NOTE: Registered Agent signature required when name changes) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	GALLIK, JANE	12 NAME	Gallik, Douglas	
STREET ADDRESS	3821 N.W. 84TH 2D	13 STREET ADDRESS	3821 NW 84th Av #2D	
CITY ST ZIP	SUNRISE FL	14 CITY ST ZIP	Sunrise, Fl 33351	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	BELLOTTI, JACK	22 NAME	DiPace, Angelo	
STREET ADDRESS	3831 N.W. 84TH AVE 1F	23 STREET ADDRESS	3831 NW 84th Av #1E	
CITY ST ZIP	SUNRISE FL	24 CITY ST ZIP	Sunrise, Fl 33351	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	FIERMAN, BELLE	32 NAME		
STREET ADDRESS	3811 NW 84 AVE APT 1B	33 STREET ADDRESS		
CITY ST ZIP	SUNRISE, FL 00000	34 CITY ST ZIP		
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		

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 asterisk.

SIGNATURE: Douglas Gallik Douglas Gallik Pres 3-3-95 305-741-7112
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0010599