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 #

(6)

SPRING CREEK CONDOMINIUM APARTMENTS PHASE II. IN

FILED Feb 05 1998 8:00am Secretary of State

C.						
Principal Place of Business ANGELO DI PACE 3831 N.W. 84TH AVE 1E SUNRISE FL 33351 US		Malling Address ANGELO DI PACE 3831 N.W. 84TH AVE 1E SUNRISE FL 33351 US			E 1005/16 ADATA ATATA BITAL BABBS ABLAY DELIT BABBL BABL BABL BABL BABL BABL BABL BA	
					3. Date Incorporated or Qualified 05/23/1973 4. FEI Number Applied For	
					59-1488931 Not Applicable	
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional	
Suite, Apt. #, stc.		Suite, Apt. #, etc.			Fee Required	
Suite, Apt. #, etc.		27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
23		28			Yes No	
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the current year Intangible	
24	26		30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
) DI PACE		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	W. 84TH AVE. 1E		83			
SUNRIS	E FL 33351		03	1		
			84	City	FL 85 Zip Code	
11 Duraugat	to the provisions of Spations 617.06	ing and 617 1509 Florida Statute	oc the above	o pamed cor	poration submits this statement for the purpose of changing its registered	
office or i	registered agent, or both, in the State	te of Florida. Such change was a	authorized by	the corpora	poration's board of directors. I hereby accept the appointment as registered	
-	im familiar with, and accept the obli	gations of, Section 617.0503, Fig	orida Statutes	š.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOT)	E: Registered Age	ent signature requi	ulred when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	10	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	IDA BELLOTI		1.2 NAME	Ì		
STREET ADDRESS	3851 N.W. 84TH AVE. 1F		1.3 STREET	ADDRESS		
CITY-ST-21P	SUNRISE FL		1.4 CITY - S	iT-21P		
TITLE	D	DELETE	2.1 TITLE		Change Addition	
NAME	\$11.110E0		2.2 NAME			
STREET ADDRESS	3831 NW 84TH AVE #1E		2.3 STREET	ADDRESS		
CITY-ST-ZIP	SUNRISE FL		2. 4 CITY-	3T - ZIP		
TITLE	D	DELETE	3.1 TITLE		Addition	
NAME	JACK BELLOTI		3.2 NAME			
STREET ADDRESS	3831 N.W. 84TH AVE. 1F		3.3 STREET	1		
CITY-ST-ZIP	SUNRISE FL	T] DELETE	3.4. CITY - 3	iT-ZIP	☐ Change ☐ Addition	
TITLE		רין טגנענונ	4.1 TITLE		Change C Addition	
NAME CTREET ADDRESS			4. 2 NAME	ADDRESS		
STREET ADDRESS			4.3 STREET			
CITY-SY-ZIP TITLE	<u>.</u>	DELETE	4.4 CITY - S 5.1 TITLE	1-217	☐ Change ☐ Addition	
NAME			5.2 NAME	İ	Clarige regulati	
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S			
TITLE		DELETE	6.1 TITLE	7 48	☐ Change ☐ Addition	
NAME			6.2 NAME		_ · · · ·	
STREET ADDRESS			6.3 STREET	ADDRESS I		
CITY-ST-ZIP			6.4 CITY - S			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption steed 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.