

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # 727588 (6)

1. Corporation Name

SPRING CREEK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

DOUGLAS GALLIK
3821 NW 84TH AVE #2D
SUNRISE FL 33351
US

DOUGLAS GLLIK
3281 NW 84TH AV #2D
SUNRISE FL 33351
US

3. Date Incorporated or Qualified

09/27/1973

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 ANGELO Di PACE

26 ANGELO Di PACE

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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

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

City & State

City & State

23 SUNRISE, FL

28 SUNRISE FL

Zip

Country

Zip

Country

24 33351

25 BROWARD

29 33351

30 BROWARD

9. Name and Address of Current Registered Agent

GALLIK, DOUGLAS
3821 NW 84TH AVENUE
SUITE 2D
SUNRISE FL 33351

10. Name and Address of New Registered Agent

B1 Name ANGELO Di PACE
B2 Street Address (P.O. Box Number is Not Acceptable) 3831 N.W. 84TH AVE. 1E
B3
B4 City SUNRISE FL B5 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

Douglas B. Gallik

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GALLIK, DOUGLAS	
STREET ADDRESS	3821 NW 84TH AVE #2D	
CITY-ST-ZIP	SUNRISE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOLTZ, ELLEN	
STREET ADDRESS	3861 NW 84TH AE #2C	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DIPACE, FRANCIS	
STREET ADDRESS	3851 NW 84TH AVE., #1B	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWARTZ, JOSEPH	
STREET ADDRESS	3791 N.W. 84 AVE., #2E	
CITY-ST-ZIP	SUNRISE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, RAYMOND	
STREET ADDRESS	3781 N.W. 84TH AVE. 1-D	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FIERMAN, BELLE	
STREET ADDRESS	3811 N.W. 84 AVE. #1B	
CITY-ST-ZIP	SUNRISE, FL 00000	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DI PACE, ANGELO	
1.3 STREET ADDRESS	3831 N.W. 84TH AVE 1E	
1.4 CITY-ST-ZIP	SUNRISE FL 33351	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BELLOTTI, IDA	
4.3 STREET ADDRESS	3831 N.W. 84TH AVE 1F	
4.4 CITY-ST-ZIP	SUNRISE FL 33351	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARY TAYLOR	
5.3 STREET ADDRESS	3761 N.W. 84TH AVE 2E	
5.4 CITY-ST-ZIP	SUNRISE FL 33351	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BURNS, FRANK	
6.3 STREET ADDRESS	3761 N.W. 84TH AVE 1E	
6.4 CITY-ST-ZIP	SUNRISE FL 33351	

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:

Angelo Di Pace

ANGELO Di PACE

Date

2/17/96 (954) 572-1808

Daytime Phone #

CR2E037 (12/95)

2-12-96