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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 727588 (6)
1. Corporation Name
SPRING CREEK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
DI PACE ANGELO 3831 NW 84TH AVE #1E SUNRISE FL 33351 US
DI PACE ANGELO 3831 NW 84TH AVE #1E SUNRISE FL 33351-6144 US

3. Date Incorporated or Qualified 09/27/1973
3a. Date of Last Report 02/26/1996
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
DI PACE, ANGELO
3831 NW 84TH AVENUE
SUITE 1E
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Angelo R. Di Pace ANGELLO R. DI PACE PRESIDENT 1-17-97
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	PD	<input type="checkbox"/> DELETE
NAME	DI PACE, ANGELO	
STREET ADDRESS	3831 NW 84TH AVE #1E	
CITY-ST-ZIP	SUNRISE FL 33351	
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	TD	<input type="checkbox"/> DELETE
NAME	BELLOTT, IDA	
STREET ADDRESS	3831 N.W. 84TH AVE #1F	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TAYLOR, MARY	
STREET ADDRESS	3761 N.W. 84TH AVE. 2E	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, FRANK	
STREET ADDRESS	3761 N.W. 84TH AVE #1E	
CITY-ST-ZIP	SUNRISE FL 33351	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3761 N.W. 84TH AVE 2B
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	3761 N.W. 84TH AVE 1B
6.4 CITY-ST-ZIP	

14. I do hereby 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.

SIGNATURE: Angelo R. Di Pace ANGELLO R. DI PACE 1-17-97 (954) 572-1808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037817

CR2E037 (9/96)