

# 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

DOCUMENT # 729037 (2)

1. Corporation Name

SPRINGTREE ESTATES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3705 N.W. 84TH AVENUE  
SUITE A  
SUNRISE FL 33351

3705 N.W. 84TH AVENUE  
SUITE A  
SUNRISE FL 33351

3. Date Incorporated or Qualified  
03/06/1974

3a. Date of Last Report  
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1786931

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OTTO, SUSAN  
3709 N.W. 84 AVENUE  
SUNRISE FL 33351

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                         |  |
|-----------------|-------------------------|--|
| TITLE           | PD                      | <input type="checkbox"/> DELETE            |
| NAME            | OTTO, SUSAN             |  |
| STREET ADDRESS  | 3709 N.W. 84 AVE., #8B  |  |
| CITY - ST - ZIP | SUNRISE FL              |  |
| TITLE           | SD                      | <input type="checkbox"/> DELETE            |
| NAME            | WILLS, PEACHIE          |  |
| STREET ADDRESS  | 3741 NE 84 AVE #1C      |  |
| CITY - ST - ZIP | SUNRISE FL              |  |
| TITLE           | TD                      | <input type="checkbox"/> DELETE            |
| NAME            | PALIS, LORETTA          |  |
| STREET ADDRESS  | 3711 NW 84TH AVE, #4A   |  |
| CITY - ST - ZIP | SUNRISE FL              |  |
| TITLE           | D                       | <input type="checkbox"/> DELETE            |
| NAME            | LEVY, ROBERT            |  |
| STREET ADDRESS  | 3705 N.W. 84TH AVE., 5D |  |
| CITY - ST - ZIP | SUNRISE FL              |  |
| TITLE           | D                       | <input checked="" type="checkbox"/> DELETE |
| NAME            | RUIP, TED               |  |
| STREET ADDRESS  | 3711 NW 84TH AVE., #4A  |  |
| CITY - ST - ZIP | SUNRISE, FL 00000       |  |
| TITLE           | D                       | <input type="checkbox"/> DELETE            |
| NAME            | CALDERON, SUSAN         |  |
| STREET ADDRESS  | 3741 NW 84 AVE., #1A    |  |
| CITY - ST - ZIP | SUNRISE FL              |  |

|                     |  |
|---------------------|--|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | TD<br>PALIS LORETTA  |
| 3.3 STREET ADDRESS  | 3705 NW 84 AVE - 5B  |
| 3.4 CITY - ST - ZIP | SUNRISE FL 33351   |
| 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            | MARINO ALBERGO (D)   |
| 5.3 STREET ADDRESS  | 3705 NW 84 AVE - 2A  |
| 5.4 CITY - ST - ZIP | SUNRISE, FL 33351  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 6.4 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)(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: Susan Otto - Susan Otto, Pres. 2/6/96 954-741-3762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)