

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

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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
3.3 STREET ADDRESS	PALIS LORETTA
3.4 CITY - ST - ZIP	3705 NW 84 AVE - 5B 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. Date: 2/6/96 Daytime Phone #: 954-741-3762

CR2E037 (12/95)