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FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737793** (0)
1. Corporation Name
SPRINGBROOK GARDENS, INC., A CONDOMINIUM



Principal Place of Business 125 N. BIRCH RD., #404 FT LAUDERDALE FL 33304 US	Mailing Address C/O W. A. HALLMAN 816 W. SHORE DR. BRIGANTINE NJ 08203 US
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3. Date Incorporated or Qualified 01/11/1977
4. FEI Number 59-1809263
Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HALLMAN, WILLIAM A. 125 N. BIRCH RD. #404 FT. LAUDERDALE FL 33304	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 William A. Hallman DATE 4-7-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	JONES, GEORGE
STREET ADDRESS	125 N. BIRCH ROAD #203
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HALLMAN, WILLIAM A.
STREET ADDRESS	125 N BIRCH RD #404
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SOMERVILLE, PAT
STREET ADDRESS	125 N BIRCH RD. #304
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, TOM
STREET ADDRESS	125 N BIRCH RD #301
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Jones, George
1.3 STREET ADDRESS	125 N. Birch Rd #203
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Hallman, William A.
2.3 STREET ADDRESS	125 N. Birch Rd #404
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Somerville, Pat
3.3 STREET ADDRESS	125 N. Birch Rd #304
3.4 CITY-ST-ZIP	FT. LAUDERDALE FL
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: William A. Hallman 4-7-98 609-266-9600

CR2E037 (10/97)

DEP \$61.25