

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 753588

1. Entity Name
SPRINGLAKE-NORTHWOOD HOMEOWNERS ASSOCIATION, INC.



FILED
07 OCT -3 AM 10:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**8280 NW 94 AVENUE
TAMARAC, FL 33321**

Mailing Address
**8280 NW 94 AVENUE
TAMARAC, FL 33321**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



4. FEI Number
59-1941074

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DOROTHY, CUMMINGS
9611 NW 82ND ST
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent
Name **Robert Kaye & Associates, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
6261 Northwest 6th Way, Suite 103
City **Fort Lauderdale** FL Zip Code **33309**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert Kaye President* DATE **9.18.07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALLAHAN, SHARON 9623 NW 82 STREET TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sharon Callahan 9623 NW 82nd St Tamarac, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUMMINGS, DOROTHY 9611 NW 82ND ST TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SCOTT E. KUNTZ 9520 NW 82nd St TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMBERTI, EDITH 8250 NW 94TH AVE TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Blair McLaughlin 8276 NW 94th Ave Tamarac, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALISE, MICHAEL 9520 NW 83RD ST TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Susan Depotter 9610 NW 82 St Tamarac, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mico/5</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300110220243 10/03/07--01028--003 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon E. Callahan* DATE **9/28/07** DAYTIME PHONE # **954-802-8093**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR