2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# 753588

Entity Name: SPRINGLAKE-NORTHWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8280 NW 94 AVENUE
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

8280 NW 94 AVENUE
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-1941074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, P.A.
6261 NORTHWEST 6TH WAY
SUITE 103
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CALLAHAN, SHARON
Address: 9623 NW 82ND ST
City-St-Zip: TAMARAC, FL 33321

Title: V ( ) Delete
Name: KUNTZ, SCOTT E
Address: 9520 NW 82ND ST
City-St-Zip: TAMARAC, FL 33321

Title: S ( ) Delete
Name: MCLAUGHLIN, BRIAN
Address: 8275 NW 94TH AVE
City-St-Zip: TAMARAC, FL 33321

Title: T ( ) Delete
Name: DEPOTTER, SUSAN
Address: 9610 NW 82 ST
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: GARRETT, BRIAN
Address: 9630 NW 82 ST
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN MCLAUGHLIN S 04/16/2008

Electronic Signature of Signing Officer or Director — Date