


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90030 012 ****61.25

DOCUMENT # 755010			
1. Entity Name SPRINGLAKE VILLAS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 10191 W SAMPLE RD 203 CORAL SPRGS FL 33065 US		Mailing Address 10191 W SAMPLE RD 203 CORAL SPRGS FL 33065 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2192821		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CALDORAZZO, JAMES 10191 W SAMPLE RD STE 203 CORAL SPRGS FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KLAUBER, BERNARD 10008-3 NW 83RD ST TAMARAC FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STECKLER, LUCINE 8121 NW 100 LANE TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR LUCILLE STECKLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HOPFAN, ANITA 8110 NW 100TH LANE TAMARAC FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JAMES DUFFY 10004 NW 8320 ST Unit 1 TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUZADO, CAMILLA 10004-2 NW 83 ST FORT LAUDERDALE FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. RICHARD STECKLER 8113 NW 100TH DRIVE TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CIMINELL, LINDA 8002 NW 100 DR TAMARAC FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER DEAN PFAU 8104 NW 100TH DRIVE TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILETSKY, RANDI 8205 NW 100 LN FORT LAUDERDALE FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY CALANA LIVESSE HUMES 9201 NW 100TH DRIVE TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James Duffy 3-6-07 954-234-4392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #