

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90020 036 \*\*\*\*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 (10/07)

4. FEI Number

59-2192821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALDORAZZO, JAMES**  
**10191 W SAMPLE RD**  
**STE 203**  
**CORAL SPRGS FL 33065**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLAUBER, BERNARD	
STREET ADDRESS	10008-3 NW 83RD ST	
CITY- ST- ZIP	TAMARAC FL 33321	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STECKLER, LUCILLE	
STREET ADDRESS	8121 NW 100 LANE	
CITY- ST- ZIP	TAMARAC FL 33321	

TITLE	P	<input type="checkbox"/> Delete
NAME	DUFFY, JAMES	
STREET ADDRESS	10004 NW 83RD ST UNIT 1	
CITY- ST- ZIP	TAMARAC FL 33321	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STIEFEL, RICHARD	
STREET ADDRESS	8113 NW 100TH DR	
CITY- ST- ZIP	TAMARAC FL 33321	

TITLE	T	<input type="checkbox"/> Delete
NAME	PRAY, DEAN	
STREET ADDRESS	8104 NW 100TH DRIVE	
CITY- ST- ZIP	TAMARAC FL 33321	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LOVELESS HUMES, CALANA	
STREET ADDRESS	8201 NW 100TH DRIVE	
CITY- ST- ZIP	TAMARAC FL 33321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOOD, JAMES	
STREET ADDRESS	8122 NW 100 DR	
CITY- ST- ZIP	TAMARAC, FL 33321	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURO, JOHN	
STREET ADDRESS	10004 - 3 NW 83 ST	
CITY- ST- ZIP	TAMARAC, FL 33321	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFAU, DEAN	
STREET ADDRESS	SAME AS 10.	
CITY- ST- ZIP	SAME AS 10.	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

*Dean Pfau* DEAN PFAU - TREASURER

5/1/08

954-805-5958