2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#755010

FILED Jan 16, 2009 Secretary of State

Entity Name: SPRINGLAKE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10191 W SAMPLE RD C/O J&L PROPERTY MANAGEMENT 10191 W SAMPLE RD STE 203 203 CORAL SPRGS, FL 33065 US CORAL SPRINGS, FL 33065 **Current Mailing Address:** New Mailing Address: C/O J&L PROPERTY MANAGEMENT 10191 W SAMPLE RD 10191 W SAMPLE RD STE 203 CORAL SPRGS, FL 33065 US CORAL SPRGS, FL 33065 FEI Number: 59-2192821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CALDORAZZO, JAMES CALDERAZZO, JAMES 10191 W SAMPLE RD 10191 W SAMPLE RD STE 203 STE 203 CORAL SPRGS, FL 33065 US CORAL SPRGS, FL 33065 US 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: JAMES CALDERAZZO 01/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HOOD, JAMES MOOD, JAMES Name: Name: 8122 NW 100 DR Address: 8122 NW 100 DR Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: Title: (X) Change () Addition () Delete MAURO, JOHN Name: MAURO, JOHN Name: Address: 10004-3 NW 83 ST Address: 10004-3 NW 83 ST City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: () Change () Addition DUFFY, JAMES Name: Name: 10004 NW 83RD ST UNIT 1 Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PFAU. DEAN Name: 8104 NW 100TH DRIVE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change (X) Addition BERND, VINCENT Name: Name: 8223 NW 100 WAY Address: Address: City-St-Zip: 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: JAMES CALDERAZZO RA 01/16/2009