

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:45

DOCUMENT # 761002 (5)
1. Corporation Name
SPRINGLAKE II HOMEOWNERS ASSOCIATION, INC. OF BR
OWARD COUNTY

Principal Place of Business Mailing Address
OF BROWARD COUNTY OF BROWARD COUNTY
7555 NW 96TH TERR. 7555 NW 96TH TERR.
TAMARAC FL 33321 TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1981 3a. Date of Last Report 04/05/1994
4. FEI Number 59-2192820 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CITRON, ERNEST A.
9812 NW 75TH CT.
TAMARAC FL 33321

81 Name SARAH DUGOWSON
82 Street Address (P.O. Box Number Is Not Acceptable) 9815 NW 75th St
83
84 City TAMARAC FL 85 Zip Code 33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X Sarah Dugowson, Treas. DATE 3-15-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VOGT, ELEANOR
STREET ADDRESS 7520 NW 96TH TERR.
CITY-ST-ZIP TAMARAC, FL 00000
TITLE VPD
NAME FRIESE, MAE
STREET ADDRESS 9702 NW 75TH CT.
CITY-ST-ZIP TAMARAC, FL 00000
TITLE SD
NAME KRAMER, JACK
STREET ADDRESS 9735 NW 75TH STREET
CITY-ST-ZIP TAMARAC, FL 00000
TITLE TD
NAME FELLER, STANLEY
STREET ADDRESS 9825 NW 75TH STREET
CITY-ST-ZIP TAMARAC, FL 00000
TITLE D
NAME CITRON, ERNESTA
STREET ADDRESS 9810 NW 75TH ST.
CITY-ST-ZIP TAMARAC FL

1.1 TITLE SAME Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE SAME Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE SARAH DUGOWSON Change Addition
3.2 NAME
3.3 STREET ADDRESS 9815 NW 75th St
3.4 CITY-ST-ZIP TAMARAC FL, 33321
4.1 TITLE D- VINNIE DISALVO Change Addition
4.2 NAME
4.3 STREET ADDRESS 9835 NW 75th St
4.4 CITY-ST-ZIP TAMARAC FL 33321
5.1 TITLE S CHARLOTTE BERNSTEIN Change Addition
5.2 NAME
5.3 STREET ADDRESS 7510 NW 96th Terr
5.4 CITY-ST-ZIP TAMARAC, FL 33321
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Sarah Dugowson, Treas. DATE 3-15-95 (305) X 726-1823