

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 761002 (5)

1. Corporation Name

SPRINGLAKE II HOMEOWNERS ASSOCIATION, INC. OF BROWARD COUNTY



Principal Place of Business

Mailing Address

OF BROWARD COUNTY  
7555 NW 96TH TERR.  
TAMARAC FL 33321

OF BROWARD COUNTY  
7555 NW 96TH TERR.  
TAMARAC FL 33321

3. Date Incorporated or Qualified: 12/09/1981  
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 59-2192820  
Applied For: Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUGOWSON, SARAH  
9815 NW 75 ST  
TAMARAC FL 33321

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
PD	VOGT, ELEANOR	7520 NW 96TH TERR.	TAMARAC, FL 00000	<input checked="" type="checkbox"/>
VPD	FRIESE, MAE	9702 NW 75TH CT.	TAMARAC, FL 00000	<input checked="" type="checkbox"/>
T	DUGOWSON, SARAN	9815 NW 75 ST	TAMARAC, FL 00000	<input type="checkbox"/>
D	DISALVO, VINNIE	9835 NW 75 ST	TAMARAC, FL 00000	<input type="checkbox"/>
S	BERNSTEIN, CHARLOTTE	7510 NW 96 TERR	TAMARAC FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED	Change	Addition
TD	FRIDMAN, PAUL	9700 NW 75TH ST.	TAMARAC, FL. 33321	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VID	ELLIS, BOITH	7555 NW 99TH AVE	TAMARAC, FL. 33321	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(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:

*Sarah Dugowson*  
SARAH DUGOWSON, TREAS

4/9/96 (305) 726-1823  
Date Custom Phone #

CR2E037 (12/95)