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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: OF BROWARD COUNTY, 7555 NW 96TH TERR., TAMARAC FL 33321
Mailing Address: OF BROWARD COUNTY, 7555 NW 96TH TERR., TAMARAC FL 33321-1943

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 12/09/1981
3a. Date of Last Report: 04/12/1996
4. FEI Number: 59-2192820
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
DUGOWSON, SARAH
9815 NW 75 ST
TAMARAC FL 33321

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDMAN, PAUL	1.2 NAME	PD
STREET ADDRESS	9700 NW 75TH ST	1.3 STREET ADDRESS	TYNDELL LDU
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	9702 NW 75TH CT
TITLE	VPD	2.1 TITLE	TAMARAC, FL 33321
NAME	ELLIS, EDITH	2.2 NAME	VPD
STREET ADDRESS	7555 NW 99TH AVE	2.3 STREET ADDRESS	FRIDMAN, PAUL
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	9700 NW 75TH ST
TITLE	T	3.1 TITLE	TAMARAC, FL 33321
NAME	DUGOWSON, SARAN	3.2 NAME	
STREET ADDRESS	9815 NW 75 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DISALVO, VINNIE	4.2 NAME	D
STREET ADDRESS	9835 NW 75 ST	4.3 STREET ADDRESS	SMITH, FRV
CITY-ST-ZIP	TAMARAC, FL 00000	4.4 CITY-ST-ZIP	9603 NW 75TH CT
TITLE	S	5.1 TITLE	TAMARAC, FL 33321
NAME	BERNSTEIN, CHARLOTTE	5.2 NAME	
STREET ADDRESS	7510 NW 96 TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 4-1-97

CR2E037 (9/96)