


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Cham
Secretary
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 OF BROWARD COUNTY
7555 NW 96TH TERR. 7555 NW 96TH TERR.
TAMARAC FL 33321 TAMARAC FL 33321

3. Date Incorporated or Qualified
12/09/1981

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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
DUGOWSON, SARAH
9815 NW 75 ST
TAMARAC FL 33321

10. Name and Address of New Registered Agent

B1 Name Dianne Rillera
B2 Street Address (P.O. Box Number is Not Acceptable) 9825 NW 75th Street
B3
B4 City TAMARAC FL 85 Zip Code 33321

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 DIANNE RILLERA Date 7/2/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FREDMAN, PAUL	
STREET ADDRESS	9700 NW 75TH ST	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, EDITH	
STREET ADDRESS	7555 NW 99TH AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DUGOWSON, SARAH	
STREET ADDRESS	9815 NW 75 ST	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DISALVO, VINNIE	
STREET ADDRESS	9835 NW 75 ST	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BERNSTEIN, CHARLOTTE	
STREET ADDRESS	7510 NW 96 TERR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD Pres.	<input type="checkbox"/> DELETE
NAME	STUART FLEISCHMAN	
STREET ADDRESS	9620 NW 75th St.	
CITY-ST-ZIP	TAMARAC FL 33321	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1st VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	IRVING SMITH	
1.3 STREET ADDRESS	9603 NW 75th Court	
1.4 CITY-ST-ZIP	TAMARAC, FL 33321	
2.1 TITLE	2nd V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAUL FRIEDMAN	
2.3 STREET ADDRESS	9700 NW 75th St.	
2.4 CITY-ST-ZIP	TAMARAC FL 33321	
3.1 TITLE	TRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIANNE RILLERA	
3.3 STREET ADDRESS	9825 NW 75th St	
3.4 CITY-ST-ZIP	TAMARAC, FL 33321	
4.1 TITLE	Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Denice Salek	
4.3 STREET ADDRESS	7500 NW 96th Terrace	
4.4 CITY-ST-ZIP	TAMARAC FL 33321	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: DIANNE RILLERA Date: 7/2/98

CR2E037 (10/97)