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Secretary of State

04-16-1999 90108 027 ****61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999

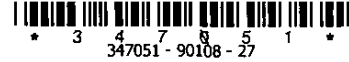


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761002

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

12/09/1981

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

9. Name and Address of Current Registered Agent

DIANNE RILLERA
9825 NW 75TH ST
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name ELEANOR VOGT
82 Street Address (P.O. Box Number is Not Acceptable) 9843 N.W. 75th COURT
83 TAMARAC
84 City 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 *Eleanor Vogt* ELEANOR VOGT 4/7/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	IRVING SMITH	
STREET ADDRESS	9603 NW 75TH CT	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PAUL FRIDMAN	
STREET ADDRESS	9700 NW 75TH ST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DIANNE RILLEGA	
STREET ADDRESS	9825 NW 75TH ST	
CITY-ST-ZIP	TAMARAC, FL 00000 33321	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DENICE SALEK	
STREET ADDRESS	7500 NW 96TH TERR	
CITY-ST-ZIP	TAMARAC, FL 00000 33321	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STUART FLEISCHMAN	
STREET ADDRESS	9620 NW 75TH ST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACK FORSTER	
1.3 STREET ADDRESS	9622 NW 75th CT	
1.4 CITY-ST-ZIP	TAMARAC, FL 33321	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSEPH BARBARITA	
3.3 STREET ADDRESS	9833 NW 75th CT	
3.4 CITY-ST-ZIP	TAMARAC, FLA 33321	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ELEANOR VOGT	
4.3 STREET ADDRESS	9843 NW 75th CT	
4.4 CITY-ST-ZIP	TAMARAC, FLA 33321	
5.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STUART FLEISCHMAN	
5.3 STREET ADDRESS	9620 NW 75th ST	
5.4 CITY-ST-ZIP	TAMARAC FLA 33321	
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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Eleanor Vogt* ELEANOR VOGT 4/7/99 (954) 726-6097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)