


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90010 010 ****61.25

DOCUMENT # 761002

1. Entity 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

20006888



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
 59-2192820

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIORE, ANGELA
 9820 NW 75 STREET
 TAMARAC, FL 33321

Name
 COHEN, MARSHA

Street Address (P.O. Box Number is Not Acceptable)
 9710 NW 75 ST

TAMARAC FL. 33321

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marsha P. Cohen MARSHA P. COHEN 2/8/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	FORSTER, JACK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSTER, JACK	NAME	
STREET ADDRESS	9622 NW 75TH CT	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARITA, JOSEPH	NAME	
STREET ADDRESS	9833 NW 75TH CT	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHMAN, STUART	NAME	
STREET ADDRESS	9620 NW 75TH ST	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORE, ANGELA	NAME	
STREET ADDRESS	9820 NW 75 STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	COHEN, MARSHA
STREET ADDRESS		STREET ADDRESS	9710 NW 75 ST.
CITY-ST-ZIP		CITY-ST-ZIP	TAMARAC, FL. 33321
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marsha P. Cohen MARSHA COHEN 2/8/06 954-741-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #