

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# 761002

Entity Name: SPRINGLAKE II HOMEOWNERS ASSOCIATION, INC. OF BROWARD COUNTY

Current Principal Place of Business:

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

New Principal Place of Business:

7555 NW 96TH TERRACE
TAMARAC, FL 33321

Current Mailing Address:

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

New Mailing Address:

7555 NW 96TH TERRACE
TAMARAC, FL 33321

FEI Number: 59-2192820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MARSHA
9710 NW 98 ST
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

COHEN, MARSHA P
9710 NW 75 ST
TAMARAC, FL 33321 US

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.

SIGNATURE: MARSHA P. COHEN

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FORSTER, JACK
Address: 9622 NW 75TH CT
City-St-Zip: TAMARAC, FL 33321

Title: VPD () Delete
Name: BARBARITA, JOSEPH
Address: 9833 NW 75TH CT
City-St-Zip: TAMARAC, FL 33321

Title: VPD () Delete
Name: FLEISCHMAN, STUART
Address: 9620 NW 75TH ST
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: FIORE, ANGELA
Address: 9820 NW 75 STREET
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: COHEN, MARSHA
Address: 9715 NW 75 ST
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: D () Delete
Name: RILLERA, DIANNE J
Address: 9825 NW 75 ST.
City-St-Zip: TAMARAC, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FORSTER, JACK
Address: 9835 NW 75 STREET
City-St-Zip: TAMARAC, FL 33321

Title: SEC (X) Change () Addition
Name: JESSY, CAJUSTE
Address: 9603 NW 75 COURT
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA P. COHEN

T/D

02/04/2009

Electronic Signature of Signing Officer or Director

Date