

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761002

FILED  
Feb 10, 2012  
Secretary of State

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

**Current Principal Place of Business:**

7555 NW 96TH TERRACE  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

7555 NW 96TH TERRACE  
TAMARAC, FL 33321

**New Mailing Address:**

**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 P  
9710 NW 75 ST  
TAMARAC, FL 33321 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FORSTER, JACK  
Address: 9835 NW 75 STREET  
City-St-Zip: TAMARAC, FL 33321

Title: SEC  
Name: JESSY, CAJUSTE  
Address: 9603 NW 75 COURT  
City-St-Zip: TAMARAC, FL 33321

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARSHA COHEN

TD

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date