FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997
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FILED Apr 28 1997 8:00am Secretary of State

Daytime Phone #

	10598	7 Scorciai	y of State	
The Springs Hountet Villas Association	Ine.			
, ,	•			
Principal Place of Business Mailing Address		1		
c/o Pluenix Management 5415. Stuck Rd. Seven - Suite 1	_			
541 S. Steete Rd. Scien - Surt	4			
Margade, Fl 33068		3. Date Incorporated or Qualified 3a. I	Date of Last Report	
2. Puncipal Place of Business 21 Well X Wall or west 26		4. FEI Number 59-2476 202	Applied For Not Applicable	
Syste, Apt. #, etc. Suite, Apt. #, etc. 22 541 5 . 5 + . RL . 7 - # 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State CO City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country Zip	Country Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for integrable tax under s. 199.032,	
24 3307 (25 Broward 29 9. Name and Address of Current Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Registered	No Agent	
Shelder Goldlerg	81 Name			
Shelden Goldlerg 40 Phiens + Management Services In 541 S. State Rd Scien #12	Street Addr	ess (P.O. Box Number is Not Acceptable)		
1541 S. State 18th Social #112	83		 	
Wargate, fl 33068	84 City	F	85 Zip Code	
11. Pursuant to the Agaissons of Sections 617.0502 and 617.1508, Florida Statute	es, the above-named corp			
 Pursuant to the Gropsions of Sections 617.0502 and 617.1508, Florida Statute office or registriful rigent, or both, in the State of Florida Such change was a agent. I am fair that with, and accept the optigations of Section 617.0503, Florida. 	orida Statutes.	One board of directors. Thereby accept the ap	ppointment as registered	
SIGNATURE Standard by a die privoed came of reg served agent and little of apply fable (NOTE	Registered Agent signature require	ed when reinstating) DATE	7/4/	
12. OFFICERS AND DIRECTORS THE COSC DE MAGE TO DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition	
NAME PD Gerson, Mark DELETE	1.2 NAME		TOURDER CONTROL C	
STREET ADDRESS CITY-SI-71P CORRO SIMY, Fel 33071	1.3 STREET ADDRESS		1	
	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
Tankenbaum, BOB DELETE 1650 NW 106 Lane	2.2 NAME			
	2 3 STREET ADDRESS			
COTAL Springs for 33071	2 4 CITY-ST-ZIP 3 1 TITLE	***************************************	Change Addition	
NAME 17D Scheiber Howard DELETE	3.2 NAME			
STREET ADDRESS	3 3 STREET ADDRESS			
CITY-ST-ZIP COVICE STIFTINGS, 72 330ZB	3 4. CITY - ST - ZIP 4 1 TITLE		☐ Change ☐ Addition	
NAME SOLOMEN AND LACE	4. 2 NAME		J. Change	
STREET ADDRESS	4.3 STREET ADDRESS			
COLAR Shillings 42. 330/	4.4 DITY-ST-ZIP	<u></u>	hange Addition	
MANG Taylor, florence Delete	5.1 TITLE 5.2 NAME		All and I desired	
STREET ADDRESS 1674 NW 106 TEMPER	5.3 STREET ADDRESS		4114/28/97	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL SPETTINGS, FL 33078 LOTAL SPETTINGS, FL 33078 TILLE NAME STREET ADDRESS CITY-ST-ZIP TAYLOR, FLINGER COTAL SPETTINGS, FL 33071 TILLE NAME STREET ADDRESS CITY-ST-ZIP COTAL SPETTINGS, FL 33071 TILLE LOTAL SPETTINGS, FL 33071 TILLE LOTAL SPETTINGS, FL 33071 TILLE LOTAL SPETTINGS, FL 33071	5.4 CITY-ST-ZIP			
NAME J DELETE	6.1 TITLE 6.2 NAME	600002158' -04/29/9701076	Addition	
STREET ADDRESS	6.3 STREET ADDRESS	-04/29/9701076 ***81.25	-053	
CITY+S1+ZIP	6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualiful information indicated on this annual report or supplemental annual report is to am an officer or director of the configration or the receiver or trustee employ.	y for the exemption stated rue and accurate and that	in Section 119.07(3)(i), Florida Statutes. I furth my signature shall have the same legal effect	er certify that the as if made under oath; that	
I am an officer or director of the corporation or the receiver or trustee empow	ered to execute this report	t as required by Chapter 617, Florida Statutes;	and that my name	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR