2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# N05987

Entity Name: SPRINGS HAMLET VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

4800 N STATE ROAD 7 F105
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4800 N STATE ROAD 7 F105
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOLDBERG, SHELDON
4800 N STATE ROAD 7 F105
LAUDERDALE LAKES, FL 33319 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 ( ) Delete
Name: SCHEIBER, HOWARD
Address: 1622 NW 106 TR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD ( ) Delete
Name: KRAFT, FLO
Address: 10660 NW 16TH CT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD ( ) Delete
Name: TAYLOR, FLORENCE
Address: 1674 NW 106TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete
Name: LORELLO, KELLY
Address: 1614 N.W. 106 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPD ( ) Delete
Name: MATTIS, ED
Address: 1675 N.W. 106 WAY
City-St-Zip: CORAL SPRINGS, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: HOWARD SCHEIBER PRES 05/07/2009
Electronic Signature of Signing Officer or Director — Date