FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:07

DOCUMENT # N13839 (8)

1. Corporation Name

SPRINGTREE WEST COVE HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
C/O MANDEL, SIMOWITZ, WEISMAN & SCHERER PA 600 CORPORATE DR, STE 400 FT. LAUDERDALE FL 33334 US	C/O MANDEL, SIMOWITZ, WEISMAN & SCHERER, P 600 CORPORATE DR, STE 400 FT. LAUDERDALE FL 33334 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1986
3a. Date of Last Report: 03/07/1994
4. FEI Number: 65-0044736 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 C/O SANDRA CIANO	26 3875 NW 91 LANE
Suite, Apt. #, etc. 22 3875 NW 91 LANE	Suite, Apt. #, etc. 27
City & State 23 SUNRISE, FL	City & State 28 SUNRISE, FL
Zip / Country 24 3335-1 / 25	Zip / Country 29 3335-1 / 30

9. Name and Address of Current Registered Agent

WEISMAN, WILLIAM S.
600 CORPORATE DR
STE 400
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name: SANDRA CIANO
82 Street Address (P.O. Box Number is Not Acceptable): 3875 NW 91 LANE
83
84 City: SUNRISE FL 85 Zip Code: 3335-1

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Sandra J Ciano — 1/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CURRY, MICHAEL	12 NAME	
STREET ADDRESS	3595 N.W. 91ST LANE	13 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	KRAKOWER, RACHEL	22 NAME	
STREET ADDRESS	3621 N.W. 91ST LANE	23 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	CIANO, SANDRA	32 NAME	
STREET ADDRESS	3591 N.W. 91ST LANE	33 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: X Sandra J Ciano — 1/30/95 — 305-124-3826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0047473