FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Jun 06 1997 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of \$124....
DIVISION OF CORPO A&ONS Springtru West Core Homeowners assoc, Inc. 3785 NW 91st La Secretary of State 1997 DOCUMENT # 33351 Principal Place of Business 3. Date Incorporated or Qualified 3a. Date of Last Report 1/3/196 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For **69** =004 4 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Sandre J. (LAND Street Address (P.O. Box Number is Not Acceptable) 82 83 City Sun Ri Ser 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. Terasurer 197 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition 1.1 TITLE Director TITI F Michael Curry 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS 3595 NW 914 LA 1.4 CITY - ST-ZIP CITY-ST-ZIP CI 33351 Change Addition TITLE 21 TITLE NAME 22 NAME Sandra J. (iAND NW 912 LA 2 8 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Diacción DELETE Change Addition 3.1 T/TLE TITLE NAME 3.2 NAME Ida Delichichie STREET ADDRESS 3711 NW9, & LA. 5 MARGO FI 33 STREET ADDRESS 34. CITY - ST - ZIP CITY - \$1 - ZIP Change Addition DELETE 41 TITLE TITLE nitch Fergenbaum 4. 2 NAME NAME 4.3 STREET ADDRESS 3775 NW914 KM STREET ADDRESS Sugaro, M 32351 CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-S1-ZIP DITY-ST-ZIP DELETE Addition 61 TITLE TITLE 900002209679 -06/12/97--01002--038 NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing 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 of 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 18 if changed or on an attachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR