## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N35014

(2)

| DOCUI<br>1. Corporation  | MENT # N3501   | 4 (2)  |                   |                            |  |             |  |
|--|--|--|-------------------|----------------------------|--|-------------|--|
| SPRINGTREE ISLES HOMEOWNERS ASSOCIATION, INC.                    |  |  |                   |                            |  |             |  |
| Principal Place  | of Business  | Mailing Address                              |                   |                            |  |             |  |
| 4441 STIRLING ROAD<br>FT.LAUDERDALE FL 33314                     |  | 4441 STIRLING ROAD<br>FT.LAUDERDALE FL 33314 |                   |                            |  |             |  |
|  |  |  |                   |                            | 3. Date Incorporated or Qualified 3a. Date of Last Report 11/02/1989 11/22/1995  |             |  |
| Principal Place of Business     The Principal Place of Business  |  | 2a. Mailing Address 26                       |                   |                            | 4. FEI Number Applied Fo   |             |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                          |                   |                            | 5. Certificate of Status Desired \$8.75 Additional Fee Required  | al          |  |
| City & State   |  | City & State                                 |                   |                            | 6. Election Campaign Financing \$5.00 May Be   | ,           |  |
| <b>23</b> Zip  |  |  | Cour              | trv                        | Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,  |             |  |
| 24   | 25   | 29   | 30                | ,                          | Florida Statutes  Yes No   |             |  |
|  | 9. Name and Address of Curren  | nt Registered Agent                          |                   | •                          | 10. Name and Address of New Registered Agent   |             |  |
| IRVIN W. NACHMAN<br>4441 STIRLING ROAD<br>FT.LAUDERDALE FL 33314 |  |  |                   | Name Street                | Address (P.O. Box Number is Not Acceptable)  |             |  |
| 11.000   | CHEALE I E 00014   | •  | L                 | 84 City                    | FL 85 Zip Code   |             |  |
| or register  | to the provisions of Sections 617.0502<br>ed agent, or both, in the State of Floric<br>th, and accept the obligations of, Sect | da. Such change was authorize                | ed by the co      | e-named oc<br>orporation's | proporation submits this statement for the purpose of changing its registered a board of directors. I hereby accept the appointment as registered agent. I a | office<br>m |  |
| SIGNATURE  | Signature, typicd or printed name of registered agent  | t and title if applicable (NO                | TE: Registered a  | oent sonature r            | required when reinstaling) DATE  |             |  |
| 12.  | OFFICERS AN  | · · · · · · · · · · · · · · · · · · ·        | 13.               |                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |             |  |
| TITLE  | PD   | DELETE                                       | 1.1 111           | .E                         | ☐ Change ☐ Addit   | tion        |  |
| NAME   | ISABEL A. COSTA  |  | 1.2 NA            | NE                         |  |             |  |
| STREET ADDRESS   | 8402 N.W. 34TH MANOR   |  | 1.3 STF           | EET ADDRESS                |  |             |  |
| CITY-ST-ZIP  | SUNRISE FL<br>VP   | - Document                                   |                   | Y-ST-ZIP                   |  |             |  |
| TITLE  | JANE ALESI   | DEFELE                                       | 2.1 TIT           |                            | ☐ Change ☐ Addil   | liori       |  |
| NAME<br>STREET ADDRESS I   | 8402 N.W. 34TH MANOR   |  | 2.2 NA            | WE<br>REET ADDRESS         |  |             |  |
| CITY - \$1 - ZIP   | SUNRISE FL   |  |                   | Y-ST-ZIP                   |  |             |  |
| TITLE  | ST   | DELETE                                       | 3.1 T(T           |                            | ☐ Change ☐ Addit   | tion        |  |
| NAME   | MICHELLE RODGERS   |  | 3.2 NA            | VIE                        | Michelle S. Rogers   |             |  |
| STREET ADDRESS   | 8402 N.W. 34TH MANOR   |  | 3 3 ST            | REET ADDRESS               | . Harteca B Hagars   |             |  |
| CITY - ST - ZIP  | SUNRISE FL   |  | 3.4. CI           | Y-\$T-2IP                  |  |             |  |
| TITLE  | D  | DELETE                                       | 4.1 TIT           |                            | Change Addit   | tion        |  |
| NAME   | STACY MOR  |  | 4. 2 NA           |                            |  |             |  |
| STREET ADDRESS   | 8402 N.W. 34TH MANOR<br>SUNRISE FL   |  |                   | ieet address               |  |             |  |
| CITY - ST - ZIP  | D D  | DELETE                                       |                   | Y-ST-ZIP                   | ☐ Change ☐ Addii   | tion        |  |
| TITLE<br>NAME  | ROBERT JOHNSON   |  | 5 1 TIT<br>5 2 NA |                            |  |             |  |
| STREET ADDRESS   | 8402 N.W. 34TH MANOR   |  |                   | REET ADDRESS               |  |             |  |
| CITY-ST-ZIP  | SUNRISE FL   |  |                   | Y-ST-ZIP                   |  |             |  |
| TITLE  |  | DELETE                                       | 61 TIT            |                            | Change Addit   | tion        |  |
| NAME   |  |  | 6.2 NA            |                            |  |             |  |
| CIBELL ADDRESS   |  |  | 6351              | SEET ANDRESS               |  |             |  |

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)(k), 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 it changed, or on an attachment with an address.

SIGNATURE:

1/29/96

(954) 748-5726

Daytime Phone #