

2-13-97 B-1871 C
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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N35014 (2)

1. Corporation Name

SPRINGTREE ISLES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4441 STIRLING ROAD
FT. LAUDERDALE FL 33314

Mailing Address

4441 STIRLING ROAD
FT. LAUDERDALE FL 33314-7518

3. Date Incorporated or Qualified
11/02/1989

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
65-0190994

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

IRVIN W. NACHMAN
4441 STIRLING ROAD
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ISABEL A. COSTA
STREET ADDRESS 8402 N.W. 34TH MANOR
CITY-ST-ZIP SUNRISE FL

☐ DELETE

TITLE VP
NAME JANE ALESI
STREET ADDRESS 8402 N.W. 34TH MANOR
CITY-ST-ZIP SUNRISE FL

☐ DELETE

TITLE ST
NAME ROGERS, MICHELLE S.
STREET ADDRESS 8402 N.W. 34TH MANOR
CITY-ST-ZIP SUNRISE FL

☒ DELETE

TITLE D
NAME STACY MOR
STREET ADDRESS 8402 N.W. 34TH MANOR
CITY-ST-ZIP SUNRISE FL

☒ DELETE

TITLE D
NAME ROBERT JOHNSON
STREET ADDRESS 8402 N.W. 34TH MANOR
CITY-ST-ZIP SUNRISE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE ST
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE D
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 if changed, or on an attachment with an address.

SIGNATURE:

Isabel A. Costa [Signature] Pres. 1/6/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

748-5926
Daytime Phone # 0038270

CR2E037 (9/96)