

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90055 036 ****70.00

40021689



DOCUMENT # 727588 1. Entity Name SPRING CREEK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3831 NW 84TH AVE. 1F SUNRISE, FL 33351 US			Mailing Address 3831 NW 84TH AVE. 1F SUNRISE, FL 33351 US		
2. Principal Place of Business - No P.O. Box # 3881 NW 84 Ave		3. Mailing Address 3881 NW 84 Ave			
Suite, Apt. #, etc. 1A		Suite, Apt. #, etc. 1H			
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 59-1488931	
Zip 33351		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALLOTTI, JACK 3831 NORTHWEST 84TH AVENUE 1F SUNRISE, FL 33351				7. Name and Address of New Registered Agent Name Michael Cooley Street Address (P.O. Box Number is Not Acceptable) 3881 NW 84 Ave, 1H City Sunrise FL Zip Code 33351	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Michael Cooley 2-14-2007 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD VASQUEZ, JOHN 3831 NORTHWEST AVENUE SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors Aaron Moore 3801 NW 84 Ave, 1A Sunrise, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TBOD ISHMAEL, PATRICIA 3851 NW 84TH AVE. SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Board of Directors Michael Cooley 3881 NW 84 Ave, 1H Sunrise, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD DIPACE, FRANCIS 3851 NW 84TH AVE., #1B SUNRISE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors John Gagliano 3771 NW 84 Ave, 2A Sunrise, FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD BARBALACO, PAUL 3761 NW 84TH AVE. SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors Ariel Nunez 3841 NW 84 Ave, 2H Sunrise, FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD HARDING, MICHELL 3881 NORTHWEST AVENUE SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors Ariel Nunez 3841 NW 84 Ave, 2H Sunrise, FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLIOTT, JACK 3831 NW 84TH AVE, 1F SUNRISE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors Ariel Nunez 3841 NW 84 Ave, 2H Sunrise, FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Michael Cooley			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael Cooley 2-14-2007 <small>Signature Date Daytime Phone #</small>		

(954) 741-6272