

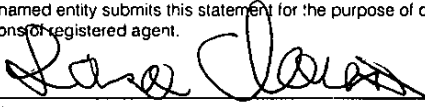
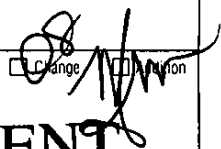
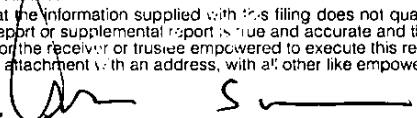


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 727588 1. Entity Name SPRING CREEK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3831 NW 84TH AVE. 1H SUNRISE, FL 33351 US				Mailing Address 3831 NW 84TH AVE. 1H SUNRISE, FL 33351 US	
2. Principal Place of Business - No P.O. Box # 3801 NW 84 AVE. Suite, Apt. #, etc. 1C		3. Mailing Address 3801 NW 84 AVE. Suite, Apt. #, etc. 1C		FILED 08 DEC 12 AM 10:53 SECRETARY OF STATE 600138968368 12/12/08--01004--001 **2590.00 	
City & State SUNRISE, FLORIDA		City & State SUNRISE, FLORIDA		4. FEI Number NOT APPLICABLE	
Zip 33351		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOLEY, MICHEAL 3831 NORTHWEST 84TH AVENUE 1H SUNRISE, FL 33351				7. Name and Address of New Registered Agent Name LANCE CLOUSE c/o BECKER - POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING ROAD City FORT LAUDERDALE FL Zip Code 33312	
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 				DATE 12-04-08	
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50				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 MOORE, AARON 3801 NW 84 AVE., 1A SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MOORE, AARON 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 COOLEY, MICHEAL 3881 NW 84 AVE., 1H SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOLEY, MICHAEL 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 GOGLIANO, JOHN 3771 NW 84 AVE., 2A SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GAGLIANO, JOHN 3771 NW 84 AVE., 2A SUNRISE, FL 33351	<input checked="" 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	D BARBALACO, PAUL 3761 NW 84 AVE., 1A SUNRISE, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD NUNEZ, ORIEL 3841 NW 84 AVE., 2H SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">  REINSTATEMENT </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLIOIT, JACK 3831 NW 84TH AVE. 1F SUNRISE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 				Date 12/4/08 754-246-6490	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					