

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731661

1. Corporation Name

THE SPRINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4655 ROYAL POINCIANA BLVD.
MIAMI SPRINGS FL 33265
US

Mailing Address

C/O RI-ART SERVICES, INC.
P.O. BOX 651285
MIAMI FL 33265

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90009 014 ****61.25

6 66631-90009-14



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

01/13/1975

4. FEI Number

59-1610421

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

9. Name and Address of Current Registered Agent

DONIKIAN, SERGIO
465 SOUTH ROYAL POINCIANA BOULEVARD #9-A
MIAMI SPRINGS FL 33166

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 ☐ DELETE

NAME PD
STREET ADDRESS DONIKIAN, SERGIO
CITY-ST-ZIP 465 SOUTH ROYAL POINCIANA BOULEVARD #9-A
MIAMI SPRINGS FL 33166

TITLE ☐ DELETE

NAME VP
STREET ADDRESS MEDELL, VINCENT
CITY-ST-ZIP 330 MORNINGSIDE DRIVE
MIAMI SPRINGS FL 33166

TITLE ☐ DELETE

NAME STD
STREET ADDRESS WHITEHOUSE, BRIZE
CITY-ST-ZIP 465 SOUTH ROYAL POINCIANA BOULEVARD #9-A
MIAMI SPRINGS FL 33166

TITLE ☐ DELETE

NAME D
STREET ADDRESS JOY, GREG
CITY-ST-ZIP 465 SOUTH ROYAL POINCIANA BOULEVARD #9-A
MIAMI SPRINGS FL 33166

TITLE ☐ DELETE

NAME D
STREET ADDRESS SWEENY, TERRY
CITY-ST-ZIP 465 S ROYAL POINCIANA BLVD. #7-B
MIAMI SPGS FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VP
2.3 STREET ADDRESS Terry Sweeny
2.4 CITY-ST-ZIP 465 S Royal Poinciana Blvd #7-B
Miami Springs FL 33166

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 465 S Royal Poinciana Blvd #11-A
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME D
4.3 STREET ADDRESS Jeannette Garcia
4.4 CITY-ST-ZIP 465 S Royal Poinciana Blvd #12-B
Miami Springs FL 33166

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME D
5.3 STREET ADDRESS Robert Ortega
5.4 CITY-ST-ZIP 465 S Royal Poinciana Blvd #4-B
Miami Springs FL 33166

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME D
6.3 STREET ADDRESS Vincent Medel
6.4 CITY-ST-ZIP 330 Morningside Drive
Miami Springs FL 33166

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)