


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90017 036 ****61.25

DOCUMENT # 731661	
1. Entity Name THE SPRINGS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 465 ROYAL PONCIANA BL MIAMI, FL 33166 US	Mailing Address MCM RLTY PROPERTY MGMT. 190 WESTWARD DR STE A MIAMI, FL 33166
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01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1610421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARRERO, MIRIAM C
MCM RLTY PROPERTY MGMT.
190 WESTWARD DR., STE A
MIAMI SPRINGS, FL 33166**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME MEDEL, VINCENT
STREET ADDRESS 330 MORNINGSIDE DR	CITY-ST-ZIP MIAMI SPRINGS, FL 33166
TITLE SD	NAME HOWARD, VIRGINIA
STREET ADDRESS 6240 NW 38 TERRACE	CITY-ST-ZIP MIAMI SPRINGS, FL 33166
TITLE D	NAME SWEENEY, TERRY
STREET ADDRESS 465 ROYAL POINCIANA BL #7B	CITY-ST-ZIP MIAMI SPRING, FL 33166
TITLE VD	NAME TRAVIESO, MIRIAM
STREET ADDRESS 1410 ALBERTA ST	CITY-ST-ZIP MIAMI SPRINGS, FL 33166
TITLE TD	NAME ALFONSO, ANGELA
STREET ADDRESS 465 ROYAL POINCIANA BL #12A	CITY-ST-ZIP MIAMI SPRINGS, FL 33166
TITLE D	NAME DONIKIAN, SERGIO
STREET ADDRESS 911 PLOVER AVE	CITY-ST-ZIP MIAMI SPRINGS, FL 33166

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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:  **2/1/06 (305) 887-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #