

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731661

FILED
Mar 25, 2009
Secretary of State

Entity Name: THE SPRINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

465 ROYAL PONCIANA BL
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

MCM RLTY PROPERTY MGMT.
190 WESTWARD DR STE A
MIAMI, FL 33166

New Mailing Address:

FEI Number: 59-1610421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DONIKIAN, SERGIO
Address: 911 PLOVER AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: PD () Delete
Name: HOWARD, VIRGINIA
Address: 6240 NW 38 TERRACE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VD () Delete
Name: TRAVIESO, MIRIAM
Address: 1410 ALBERTA ST
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: SD () Delete
Name: DONIKIAN, SERGIO
Address: 911 PLOVER AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HOWARD, VIRGINIA
Address: 6240 NW 38 TERRACE
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: VD (X) Change () Addition
Name: TRAVIESO, MIRIAM
Address: 1410 ALBERTA ST
City-St-Zip: CORAL GABLES, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SWEENEY, TERRY
Address: 465 ROYAL POINCIANA BL #7B
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA HOWARD

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date