

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91051 015 ****61.25

DOCUMENT # 763777

1. Entity Name
**SPRINGDALE LAKE "A" CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**C/O BENCHMARK PROPERTY MGT.
7932 WILES ROAD
CORAL SPRINGS, FL 33067**

Mailing Address
**C/O BENCHMARK PROPERTY MGT.
7932 WILES ROAD
CORAL SPRINGS, FL 33067**



03162004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2213110

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERT KAY & ASSOCIATES, P.A.
6261 NW 6 WAY
SUITE 103
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HUSSLEIN, TERRY
4931 NW 82 AVE.
LAUDERHILL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ANDERSON, MICOLETTE
4937 NW 82 AVENUE
LAUDERHILL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELL, JOHN
4939 NW 82 AVENUE
LAUDERHILL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

Date

954 344 5353

Daytime Phone #