


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90181 040 \*\*\*\*61.25

<b>DOCUMENT # 763777</b> 1. Entity Name <b>SPRINGDALE LAKE "A" CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O BENCHMARK PROPERTY MGT.                  7932 WILES ROAD                  CORAL SPRINGS, FL 33067</b>			Mailing Address <b>C/O BENCHMARK PROPERTY MGT.                  7932 WILES ROAD                  CORAL SPRINGS, FL 33067</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>ROBERT KAY &amp; ASSOCIATES, P.A.</b> <b>6261 NW 6 WAY</b> <b>SUITE 103</b> <b>FORT LAUDERDALE, FL 33309</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	
				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUSSLEIN, TERRY</b>			NAME	
STREET ADDRESS	<b>4931 NW 82 AVE.</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL, FL</b>			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, MICOLETTE</b>			NAME	
STREET ADDRESS	<b>4937 NW 82 AVENUE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL, FL</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, JOHN</b>			NAME	
STREET ADDRESS	<b>4939 NW 82 AVENUE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL, FL</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 the empowered.					
<b>SIGNATURE:</b> <i>Terry Husslein</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>4/24/06</i> Daytime Phone #: <i>954-344-5353</i>	



02132006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2213110** Applied For  Not Applicable

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