

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

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90031 026 ****61.25

DOCUMENT # 765085

1. Entity Name
SPRINGDALE LAKE "B" CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
C/O BENCHMARK PROP. MGMT.
7932 WILES ROAD
CORAL SPRINGS, FL 33067

Mailing Address
C/O BENCHMARK PROP. MGMT.
7932 WILES ROAD
CORAL SPRINGS, FL 33067



03132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2266328

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT KAYE & ASSOCIATES, PA
6261 NW 6 WAY, SUITE 103
FORT LAUDERDALE, FL 33309

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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 D
NAME ACEVEDO, WILLIAM
STREET ADDRESS 4967 NW 82 AVE
CITY-ST-ZIP LAUDERDILL, FL 33351

TITLE D
NAME PINDER, MICHELLE
STREET ADDRESS 4934 NW 82 AVE
CITY-ST-ZIP LAUDERHILL, FL 33351

TITLE D
NAME WILLIAMS, EXAVIER
STREET ADDRESS 4969 NW 82 AVE
CITY-ST-ZIP LAUDERHILL, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Michelle Pinder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04 954 344 5353

Date

Daytime Phone #