


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90034 004 ****61.25

DOCUMENT # N03000000435

1. Entity Name
SPRING PARK TERRACES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
6400 CONGRESS AVENUE., SUITE 2000 BOCA RATON, FL 33487

Mailing Address
6400 CONGRESS AVENUE., SUITE 2000 BOCA RATON, FL 33487



2. Principal Place of Business
690 Celebration Ave

3. Mailing Address
690 Celebration Ave

Suite, Apt. #, etc.

04192004 Chg-NP CR2E037 (10/03)

City & State
Celebration, FL

City & State
Celebration, FL

Zip
34747

Country
USA

Zip
34747

Country
USA

4. FEI Number
05-0551606

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY, JOANN
6400 CONGRESS AVENUE., SUITE 2000 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

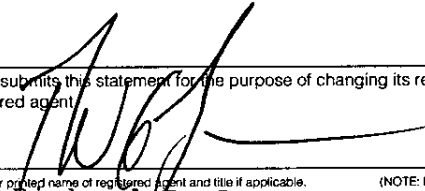
Name
Richard E. Larsen

Street Address (P.O. Box Number is Not Acceptable)
55 East Pine Street

City
Orlando

FL Zip Code
32801

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 **4/20/04**

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVY, JOANN 6400 CONGRESS AVENUE., SUITE 2000 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LEVY, DANIEL 6400 CONGRESS AVENUE., SUITE 2000 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CHARLES 6400 CONGRESS AVENUE., SUITE 2000 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOYD WHITE 690 Celebration Ave Celebration, FL 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD David Michie 690 Celebration Ave. Celebration, FL 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD V. Motley 690 Celebration Ave. Celebration, FL 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X  **DAVID F. MICHIE** 19 APRIL 2004

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