

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Feb 17, 2009
Secretary of State**

DOCUMENT# N03000000435

Entity Name: SPRING PARK TERRACES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5401 SOUTH KIRKMAN ROAD
STE. 450
ORLANDO, FL 32819 US**New Principal Place of Business:****Current Mailing Address:**5401 SOUTH KIRKMAN ROAD
STE. 450
ORLANDO, FL 32819 US**New Mailing Address:**

FEI Number: 05-0551606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 SOUTH KIRKMAN ROAD
STE. 450
ORLANDO, FL 32819 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: P () Delete
Name: SUKOVICH, ADOLFINA
Address: 1221 CELEBRATION AVE #101
City-St-Zip: CELEBRATION, FL 34747

Title: VP () Delete
Name: STRONG, MICHAEL
Address: 910 SPRING PARK STREET # 104
City-St-Zip: CELEBRATION, FL 34747

Title: S () Delete
Name: DYTRYCH, ROBERT
Address: 920 SPRING PARK ST. #103
City-St-Zip: CELEBRATION, FL 34747

Title: T () Delete
Name: THOMAS, DALE
Address: 911 BEGONIA ROAD #201
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: ESLER, JAMES
Address: 910 SPRING PARK ST #102
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: RAMOS, ARTHUR
Address: 900 SPRING PARK ST. #303
City-St-Zip: CELEBRATION, FL 34747

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

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

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: ADOLFINA SUKOVICH

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date