

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2010
Secretary of State

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
Name: THOMAS, DALE
Address: 911 BEGONIA ROAD #201
City-St-Zip: CELEBRATION, FL 34747

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

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

Title: D
Name: MICHIE, DAVID
Address: 1121 CELEBRATION AVENUE # 101
City-St-Zip: CELEBRATION, FL 34747

Title: D
Name: DELOZIER, JAY
Address: 900 CROTON ROAD # 101
City-St-Zip: CELEBRATION, FL 34747

I hereby 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 all other like empowered.

SIGNATURE: DALE THOMAS

P

04/08/2010

Electronic Signature of Signing Officer or Director

Date