# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000000010

Entity Name
SPRINGCREST CONDOMINIUM ASSOCIATION INC.

FILED
08 NOV 10 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 3275 W MELBORO BLVD<br>STE 312<br>DEERFIELD BEACH, FL 33442 | 3275 W MELBORO BLVD<br>STE 312<br>DEERFIELD BEACH, FL 33442 |

10082008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 1133 S. University Dr. | P.O. Box 19439 |
| Suite, Apt. #, etc.: 211 | Suite, Apt. #, etc.: |
| City & State: Plantation, FL | City & State: Plantation, FL |
| Zip: 33324 Country: USA | Zip: 33318 Country: USA |

4. FEI Number: 20-0931783 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309

**7. Name and Address of New Registered Agent**

Name: Jon Polenberg, P.A.

Street Address (P.O. Box Number is Not Acceptable): 4300 N. University Dr. #D-204

City: Fort Lauderdale FL Zip Code: 33351

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 _____ 10/10/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is $61.25**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CAMERENA, RAMON<br>4205 N UNIVERSITY DR, # 114<br>SUNRISE, FL 33351 | ☒ Delete | TITLE D/P<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Efrain Velasquez<br>4215 N. University #207<br>Sunrise, FL 33351 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>THOMPSON, BARBARA<br>4235 N UNIVERSITY DR, # 214<br>SUNRISE, FL 33351 | ☒ Delete | TITLE D/VP<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Patricia Puyo<br>4255 N. University Dr. #104<br>Sunrise, FL 33351 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CRUZ, MARCIA<br>4255 N. UNIVERSITY DR. #103<br>SUNRISE, FL 33351 | ☒ Delete | TITLE D/T<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Miguel Delacampa<br>4215 N. University Dr. #102<br>Sunrise, FL 33351 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 11/4/13 | ☐ Delete | TITLE D/S<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Chaney M. Ayala<br>4255 N. University Dr. #101<br>Sunrise, FL 33351 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Frances Costa<br>4235 N. University Dr. #306<br>Sunrise, FL 33351 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 200137794322<br>11/10/08--01066--003 **61.25 | ☐ Change ☐ Addition |

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 like empowered.

SIGNATURE: _____ 10-09-2008
Date Daytime Phone #