2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

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Entity Name: SPRINGCREST CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

1133 S UNIVERSITY DR
314
SUNRISE, FL 33351 BR

New Principal Place of Business:

4245 N. UNIVERSITY DR
SUNRISE, FL 33351 US

Current Mailing Address:

1133 S UNIVERSITY DR
314
SUNRISE, FL 33351 BR

New Mailing Address:

4245 N. UNIVERSITY DR
SUNRISE, FL 33351 US

FEI Number: 20-0931783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JON POLENBERG, P.A.
4300 N UNIVERSITY DR
#D-204
FT. LAUDERDALE, FL 33351 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: DP ( ) Delete
Name: CECCHINI, SHELBY
Address: 4235 N UNIVERSITY DR #102
City-St-Zip: SUNRISE, FL 33351

Title: DT ( ) Delete
Name: ZAPATIER, COLÖN R
Address: 4215 N. UNIVERSITY DR. #314
City-St-Zip: SUNRISE, FL 33351

Title: DS ( ) Delete
Name: COSTA, FRANCES
Address: 4235 N UNIVERSITY DR #106
City-St-Zip: SUNRISE, FL 33351

Title: VP ( ) Delete
Name: CARLOS, LOPEZ
Address: 4215 N UNIVERSITY DR #101
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete
Name: DUARTE, GERARDO
Address: 4205 N UNIVERSITY DR. #102
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SHELBY CECCHINI DP 06/29/2009

Electronic Signature of Signing Officer or Director — Date