## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N04000000010

RT FILED Jun 29, 2009 Secretary of State

Entity Name: SPRINGCREST CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:		New Principal P	New Principal Place of Business:	
	IIVERSITY D	R	4245 N. UNIVERS	
314 SUNRISE,	FL 33351	BR	SUNRISE, FL 33	3351 US
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
1133 S UNIVERSITY DR		4245 N. UNIVERSITY DR		
314 SUNRISE,		BR	SUNRISE, FL 33	
	20-0931783	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )
		Current Registered Agent:		ess of New Registered Agent:
			Name and Addit	ess of New Registered Agent.
	ENBERG, P./ IIVERSITY D			
#D-204 ft lalide	ERDALE, FL	33351 LIS		
	named entit of Florida.	y submits this statement for the	purpose of changing its regi	stered office or registered agent, or bo
SIGNATUF	RE:			
SIGNATUF		onic Signature of Registered Ac	gent	Date
				Date  ANGES TO OFFICERS AND DIRECT
OFFICERS	Electr S AND DIRE	CTORS:	ADDITIONS/CHA	
OFFICERS Title: Name:	Electr  S AND DIRE  DP  CECCHINI, S	CTORS:  ( ) Delete HELBY	ADDITIONS/CH/ Title: Name:	ANGES TO OFFICERS AND DIRECT
OFFICERS	Electr  S AND DIRE  DP  CECCHINI, S	CTORS:  ( ) Delete  HELBY  ERSITY DR #102	ADDITIONS/CHA	ANGES TO OFFICERS AND DIRECT
OFFICERS Title: Name: Address:	Electr S AND DIRE DP CECCHINI, S 4235 N UNIV SUNRISE, FI	CTORS:  ( ) Delete HELBY ERSITY DR #102 _ 33351  ( ) Delete	ADDITIONS/CHA Title: Name: Address:	ANGES TO OFFICERS AND DIRECT
OFFICERS Title: Name: Address: City-St-Zip: Title: Name:	Electr  S AND DIRE  DP  CECCHINI, S 4235 N UNIV SUNRISE, FI  DT  ZAPATIER, C	CCTORS:  ( ) Delete HELBY ERSITY DR #102 _ 33351  ( ) Delete COLÖN R	ADDITIONS/CH/ Title: Name: Address: City-St-Zip: Title: Name:	ANGES TO OFFICERS AND DIRECT  ( ) Change ( ) Addition
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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