## 2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N04000000010

To FILED

Jun 29, 2011

Secretary of State

Entity Name: SPRINGCREST CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

4245 N. UNIVERSITY DR SUNRISE, FL 33351 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

STRALEY & OTTO, P.A. 2699 STIRLING ROAD SUITE C-207

FT. LAUDERDALE, FL 33312 US

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

Name: CECCHINI, SHELBY

Address: 4235 N UNIVERSITY DR #102

City-St-Zip: SUNRISE, FL 33351

Title: DT

 Name:
 CARDILLO, DORINDA

 Address:
 2770-3 E ARRAGON BLVD.

 City-St-Zip:
 SUNRISE, FL 33313

Title: DS

Name: DEJESUS, SYLVIA

Address: 4255 N UNIVERSITY DR #204

City-St-Zip: SUNRISE, FL 33351

Title: DV

Name: CARDILLO, DORINDA Address: 2770-3 ARRAGON BLVD. City-St-Zip: SUNRISE, FL 33313

Title:

Name: STANCZAK, FRANK

Address: 4255 N UNIVERSITY DR. #207

City-St-Zip: SUNRISE, FL 33351

Title: [

Name: DUARTE, GERARDO Address: 32 N. W. 43RD TERRACE City-St-Zip: PLANTATION, FL 33317

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: SHELBY CECCHINI DP 06/29/2011