2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2012
Secretary of State

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Entity Name: SPRINGCREST CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

4245 N. UNIVERSITY DR
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4245 N. UNIVERSITY DR
SUNRISE, FL 33351 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312 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
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: D
Name: STANCZAK, FRANK
Address: 4255 N UNIVERSITY DR. #207
City-St-Zip: SUNRISE, FL 33351

Title: D
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 03/05/2012

Electronic Signature of Signing Officer or Director Date