


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18613 (2)**  
 1. Corporation Name  
**SPRINGVIEW CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 121 MORNINGSDRIVE #1 MIAMI SPRINGS FL 33166-5298 US	Mailing Address 121 MORNINGSDRIVE #5 MIAMI SPRINGS FL 33166-5298 US
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3. Date Incorporated or Qualified <b>01/05/1987</b>		
4. FEI Number <b>65-0033465</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**HILL, FRED**  
**121 MORNING SIDE DR., #5**  
**#1**  
**MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, MARTINA	
STREET ADDRESS	121 MORNINGSDR/5	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALONSO, ANGEL A	
STREET ADDRESS	121 MORNINGSDR., #1	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ALONSO, FLORINA	
STREET ADDRESS	121 MORNINGSDRIVE, #1	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, FRED	
STREET ADDRESS	121 MORNINGSDR., #5	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <i>P/D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>Hill, Martina</i>
1.4 CITY-ST-ZIP	<i>121 Morningside Dr/5</i> <i>Miami Springs, Fla.</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Alonso, Florina</i>
3.3 STREET ADDRESS	<i>121 Morningside Dr/u 1</i>
3.4 CITY-ST-ZIP	<i>Miami Springs, Fla.</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *FRED HILL* **1-6-98** **887-3363**

CR2E037 (10/97)