

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18613

1. Entity Name

SPRINGVIEW CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90040 036 ****61.25

Principal Place of Business

Mailing Address

121 MORNINGSIDE DRIVE
#1
MIAMI SPRINGS FL 33166-5298
US

121 MORNINGSIDE DRIVE
#5
MIAMI SPRINGS FL 33166-5298
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0033465

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HILL, MARTINA
STREET ADDRESS 121 MORNINGSIDE DR/U-5
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALONSO, ANGEL A
STREET ADDRESS 121 MORNINGSIDE DR., #1
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ALONSO, FLORINA
STREET ADDRESS 121 MORNINGSIDE DRIVE, #1
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HILL, FRED
STREET ADDRESS 121 MORNINGSIDE DR., #5
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fred Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 3, 2000 305-887-2363
Date Daytime Phone #

CR2E037 (9/99)