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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000212

1. Corporation Name

SPRING TREE GARDENS TOWNHOUSE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

 1302 S.E. SECOND AVENUE
 DANIA FL 33004

Mailing Address

 1302 S.E. SECOND AVENUE
 DANIA FL 33004


2. Principal Place of Business 21 8415 NW 40th CT	2a. Mailing Address 26 8415 NW 40th CT	3. Date Incorporated or Qualified 01/09/1997
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number APPLIED FOR 65-080-7287
23 City & State SUNRISE	28 City & State SUNRISE	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
24 Zip 33351	29 Zip 33351	30 Country FLA
25 Country FLA	31 Country FLA	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOSEL S
317-71ST STREET
MIAMI BEACH FL 33141

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	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WISEBERG, MORTY	1.2 NAME	
STREET ADDRESS	317 71ST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TRIPODI, DOMINIC	2.2 NAME	
STREET ADDRESS	1302 S.E. 2ND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	
TITLE	ISAAC REITER ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	1302 SE 2ND AVE	3.2 NAME	
STREET ADDRESS	DANIA FL 33004 D.	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

7/2/99

Daytime Phone #

CR2E037 (5/99)