

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90039 019 ****61.25

DOCUMENT # N97000000212					
1. Entity Name SPRING TREE GARDENS TOWNHOUSE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 8415 NW 40TH CT SUNRISE, FL 33351			Mailing Address 8415 NW 40TH CT SUNRISE, FL 33351		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0807208	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENSTEIN, LENNY 4051 NW 84 TERRACE SUNRISE, FL 33151			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u><i>Lenny Greenstein / Pres</i></u> 2/7/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME GREENSTEIN, LENNY STREET ADDRESS 4051 NW 84 TERRACE CITY-ST-ZIP SUNRISE, FL 33351	☐ Delete			
TITLE TD	NAME SEBASTIAN, ALEXANDRA STREET ADDRESS 4041 NW 84 TERRACE CITY-ST-ZIP SUNRISE, FL 33351	☒ Delete			
TITLE SD	NAME IFSAN, HAVA STREET ADDRESS 8425 NW 40 COURT CITY-ST-ZIP SUNRISE, FL 33351	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: <u><i>Lenny Greenstein</i></u> 2/7/05 (954) 270 0560 Signature and typed or printed name of signing officer or director Date Daytime Phone #		