

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757203

1. Entity Name

SPRINGS TOWERS CONDOMINIUM ASSOCIATION, INC.

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90059 033 ****61.25

Principal Place of Business

680 685 MILLER DR.
MIAMI SPRINGS FL 33166

Mailing Address

MIAMI SPRINGS REALTY INC
P.O. BOX 600
MIAMI SPRINGS FL 33166

2. Principal Place of Business

900 W. 49 ST
Suite Apt. #, etc.
220

3. Mailing Address

900 W. 49 ST
Suite Apt. #, etc.
220



DO NOT WRITE IN THIS SPACE

City & State

MIAMI SPRINGS, FL
33012

City & State

MIAMI SPRINGS, FL
33012

4. FEI Number

59-2168542

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOREHOUSE, EARL W.
70 WEST WARD DR.
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

CLEMENTE J. DE LA TORRE
900 W. 49 ST
SUITE 220
MIAMI SPRINGS FL 33012

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

TITLE	SD	NAME	CORPIN, SHEILA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	302 W. 680 MILLER DRIVE	CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	PD	NAME	RAMIREZ, BRIAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	685 MILLER DR. #404 W	CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	VRD	NAME	SPENCE, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	401 E 685 MILLER DRIVE	CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	TD	NAME	CLARK, DIANE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	201 E 685 MILLER DRIVE	CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		NAME		<input checked="" type="checkbox"/> Delete
STREET ADDRESS		CITY-ST-ZIP		
TITLE		NAME		<input checked="" type="checkbox"/> Delete
STREET ADDRESS		CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	NAME	PRESIDENT	REINA FERNANDEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		CITY-ST-ZIP	685 MILLER DR.	302E	
TITLE	VPD	NAME	VICE PRESIDENT	JAVIER DE LA PAZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		CITY-ST-ZIP	685 MILLER DR.	405E	
TITLE	TD	NAME	TREASURER	ESTHER SPINELLI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		CITY-ST-ZIP	685 MILLER DR.	306E	
TITLE	SD	NAME	CONSUELA MARCHENA	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		CITY-ST-ZIP	680 MILLER DR.	303W.	
TITLE		NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		CITY-ST-ZIP			
TITLE		NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-2000 (305) 821-7668

CR2E037 (9/99)