


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 757203 1. Entity Name SPRINGS TOWERS CONDOMINIUM ASSOCIATION, INC. |  |
|--|---|

| | |
|--|---|
| Principal Place of Business 680-685 MILLER DR. MIAMI SPRINGS, FL 33166 | Mailing Address P.O. BOX 661642 MIAMI SPRINGS, FL 33266 |
|--|---|

DO NOT WRITE IN THIS SPACE



01312007 No Chg-NP CR2E037 (4/06)

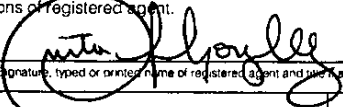
| | |
|---|---------------------------------------|
| 4. FEI Number 59-2168542 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GONZALEZ, ANITA
CAM MANAGEMENT SERVICES
6175 N.W. 167 ST. UNIT G1
MIAMI LAKES, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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  2/03/07
(NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|---|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DARGIS, ALFONSO 680 MILLER DR. #201W MIAMI SPRINGS, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FERNANDEZ, REINA 685 MILLER DR. #302E MIAMI SPRINGS, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CABALLER, MARIO 685 MILLER DR. #202E MIAMI SPRINGS, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ALVAREZ, FERMIN 625 MILLER DR. MIAMI SPRINGS, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LEWIS, TODD P.O. BOX 660279 MIAMI SPRINGS, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000634244
02/22/07-80002-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3/FEB 07 305-826-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
TODD LEWIS