
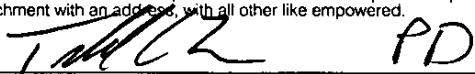


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90009 020 \*\*\*\*61.25

<b>DOCUMENT # 757203</b> 1. Entity Name <b>SPRINGS TOWERS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>680-685 MILLER DR. MIAMI SPRINGS, FL 33166</b>			Mailing Address <b>P.O. BOX 661642 MIAMI SPRINGS, FL 33266</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>GONZALEZ, ANITA CAM MANAGEMENT SERVICES 6175 N.W. 167 ST. UNIT G1 MIAMI LAKES, FL 33015</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARGIS, ALFONSO <input checked="" type="checkbox"/> Delete 680 MILLER DR. #201W MIAMI SPRINGS, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALFONSO, DARGIS 680 MILLER DR, #201W MIAMI SPRINGS, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FERNANDEZ, REINA 685 MILLER DR. #302E MIAMI SPRINGS, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete CABALLERO, MARIO 685 MILLER DR. #202E MIAMI SPRINGS, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CABALLERO, MARIO 685 MILLER DR, #202E MIAMI SPRINGS, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete ALVAREZ, FERMIN 625 MILLER DR. MIAMI SPRINGS, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete LEWIS, TODD P.O. BOX 660279 MIAMI SPRINGS, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			22 FEB 2008 786 229 4418 Date Daytime Phone #		