2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757203

FILED Feb 23, 2009 Secretary of State

Entity Name: SPRINGS TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:			
	MILLER DR. RINGS, FL 33°	166				
Current Mailing Address:			New Mailing Address:			
P.O. BOX 661642 MIAMI SPRINGS, FL 33266			P.O. BOX 5103 HIALEAH, FL 33014 US		US	
El Number: 59-2168542 FEI Number Applied For()		FEI Number Not Applicable ()		Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
CAM MAN 6175 N.W MIAMI LAH The above	EZ, ANITA JAGEMENT SE : 167 ST. UNIT KES, FL 33015 e named entity s e of Florida.	G1 US	purpose of changing i	ts registere	d office or registered agent, or bo	
SIGNATU	RE:					
		ic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	T () DARGIS, ALFO 680 MILLER DI MIAMI, FL 331	R, #201 W	Title: Name: Address: City-St-Zip:	T ESTER, SPI 685 MILLER MIAMI, FL 3	R DR, #306E	
Fitle: Name: Address: Dity-St-Zip:	D () FERNANDEZ, F 685 MILLER DI MIAMI SPRING	R. #302E	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: Dity-St-Zip:	VP () CABRALLERO, 685 MILLER DF MIAMI SPRING	R, #202E	Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Nddress: City-St-Zip:	SD () ALVAREZ, FER 625 MILLER DF MIAMI SPRING	₹.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Vame:	PD () LEWIS, TODD	D.1.4	Title:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD LEWIS PD 02/23/2009