

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727588

Entity Name: SPRING CREEK CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3801 NW 84 AVE., #1C
SUNRISE, FL 33351**Current Mailing Address:**3801 NW 84 AVE., #1C
SUNRISE, FL 33351 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAGILL, LISA A
C/O BECKER - POLIAKOFF, P.A.
1 EAST BROWARD BLVD. 1800
FORT LAUDERDALE, FL 33301 US*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:** LISA A MAGILL

04/14/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	GAGLIANO, JOHN
Address	3771 NW 84TH AVE. 2A
City-State-Zip:	SUNRISE FL 33351

Title	DIRECTOR
Name	KORLAND , BERNARD
Address	3881 NW 84TH AVE 1G
City-State-Zip:	SUNRISE FL 33351

Title	ADMINISTRATION VP
Name	BURNS, JEAN
Address	3761 NW 84TH AVE 1B
City-State-Zip:	SUNRISE FL

Title	D
Name	RAMKHALAWAN, MILLIE
Address	3811 NW 84TH AVE 1A
City-State-Zip:	SUNRISE FL 33351

Title	VD
Name	MOORE, AARON
Address	3801 NW 84TH AVE 1A
City-State-Zip:	SUNRISE FL 33351

Title	D
Name	BARBALACO, PAUL
Address	3761 NW 84TH AVE. 1A
City-State-Zip:	SUNRISE FL 33351

Title	FINANCE DIRECTOR
Name	BARAHONA, BERNADITA
Address	3841 NW 84TH AVE 1G
City-State-Zip:	SUNRISE FL 33351

Title	D
Name	THOMAS, GARY
Address	3851 NW 84TH AVE 2A
City-State-Zip:	SUNRISE FL 33351

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I hereby 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 all other like empowered.

SIGNATURE: JEAN BURNS

VP ADMINISTRATION

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MARTINEZ, ALEJANDRA
Address	3841 NW 84TH AVE 2H
City-State-Zip:	SUNRISE FL 33351