

**2016 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:** Yes**Name and Address of Current Registered Agent:**BERG, LEE  
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:** LEE BERG

02/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ISHMAEL, MARC  
Address        3851 NW 84TH AVE.  
                  2B  
City-State-Zip: SUNRISE FL 33351

Title            TREASURER/ DIRECTOR  
Name            SAMUELS, JUDY  
Address        3871 NW 84TH AVE 1E  
City-State-Zip: SUNRISE FL 33351

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

Title            DIRECTOR  
Name            GREENSLIT, CHRISTINE  
Address        3781 NW 84TH AVE 1C  
City-State-Zip: SUNRISE FL 33351

Title            VICE PRESIDENT  
Name            GREGORY, KEITH  
Address        3841 NW 84TH AVE 1H  
City-State-Zip: SUNRISE FL 33351

Title            DIRECTOR  
Name            AVILA, FRANK  
Address        3861 NW 84TH AVE 2D  
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            DIRECTOR  
Name            FRY, NICOLE  
Address        3871 NW 84TH AVE 1F  
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:** MARC ISHMAEL

PREDSIDENT

02/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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