

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

MILBERG KLEIN PL
1300 N FEDERAL HIGHWAY 205
BOCA RATON, FL 33432 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: DAVID KLEIN

10/04/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name SCOTT, AUSTIN
Address 3781 NW 84TH AVE 2D
City-State-Zip: SUNRISE FL 33351

Title VP
Name MARCELIN, PAUL
Address 3771 NW 84TH AVE 1A
City-State-Zip: SUNRISE FL 33351

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

Title DIRECTOR
Name MORALES, LISBETH
Address 3761 NW 84TH AVE 1B
City-State-Zip: SUNRISE FL 33351

Title TREASURER
Name ELLIS, TYLER
Address 3791 NW 84TH AVE
 1F
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name HARRIS, KEILYSHA
Address 3801 NW 84TH AVE
 2A
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name SUDER, BLAKE
Address 3771 NW 84TH AVE
 1B
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: KEITH GREGORY

PRES

10/04/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | | | |
|-----------------|------------------------|-----------------|---------------------------|
| Title | DIRECTOR | Title | AUTHORIZED REPRESENTATIVE |
| Name | MERCADO, BIANCA | Name | JONES, ANITA M. |
| Address | 3841 NW 84TH AVE 2G | Address | 3851 NW 84TH AVE 1B |
| City-State-Zip: | SUNRISE FL 33351 | City-State-Zip: | SUNRISE FL 33351 |