

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757203

Entity Name: SPRINGS TOWERS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**680-685 MILLER DR.
MIAMI SPRINGS, FL 33166**Current Mailing Address:**P.O. BOX 5103
HIALEAH, FL 33014 US**FEI Number:** 59-2168542**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GONZALEZ, ANITA
CAM MANAGEMENT SERVICES
6065 N.W. 167 ST. UNIT B-19
MIAMI LAKES, FL 33015 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	OCHOA, LOURDES
Address	P.O.BOX 5103
City-State-Zip:	HIALEAH FL 33014

Title	TD
Name	SAWICKI-SPINELLI, ESTER B
Address	P.O. BOX 5103
City-State-Zip:	HIALEAH FL 33014

Title	VP
Name	TEODORESCU, JESSY
Address	P.O. BOX 5103
City-State-Zip:	HIALEAH FL 33014

Title	D
Name	ALVAREZ, FERMIN
Address	P.O. BOX 5103
City-State-Zip:	HIALEAH FL 33014

Title	PD
Name	GALLET, ARLEEN V
Address	P.O. BOX 5103
City-State-Zip:	HIALEAH FL 33014

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: ARLEEN V. GALLET**PRESIDENT****02/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date