

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000435

**FILED**  
**Jan 30, 2014**  
**Secretary of State**  
**CC5085095232**

**Entity Name:** SPRING PARK TERRACES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8390 CHAMPIONSGATE BLVD.  
SUITE 304  
CHAMPIONSGATE, FL 33896

**Current Mailing Address:**

8390 CHAMPIONSGATE BLVD.  
SUITE 304  
CHAMPIONSGATE, FL 33896 US

**FEI Number: 05-0551606**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AEGIS COMMUNITY MANAGEMENT SOLUTIONS, INC.  
8390 CHAMPIONSGATE BLVD.  
SUITE 304  
CHAMPIONSGATE, FL 33896 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	VP	Title	SECRETARY
Name	MOTLEY, V.	Name	SCHWARTZ, ROBERT
Address	8390 CHAMPIONSGATE BLVD. SUITE 304	Address	8390 CHAMPIONSGATE BLVD., SUITE 304
City-State-Zip:	CHAMPIONSGATE FL 33896	City-State-Zip:	CHAMPIONSGATE FL 33896
Title	PRESIDENT	Title	TREASURER
Name	ROBERT, FUHR	Name	JONES, MARK
Address	8390 CHAMPIONSGATE BLVD. SUITE 304	Address	8390 CHAMPIONSGATE BLVD. SUITE 304
City-State-Zip:	CHAMPIONSGATE FL 33896	City-State-Zip:	CHAMPIONSGATE FL 33896

*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: ROBERT FUHR** **PRESIDENT** **01/30/2014**  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date