


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 727588
 1. Entity Name
SPRING CREEK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3831 NW 84TH AVE. 1F SUNRISE, FL 33351 US	Mailing Address 3831 NW 84TH AVE. 1F SUNRISE, FL 33351 US
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01222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1488931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BALLOTTI, JACK
 3831 NORTHWEST 84TH AVENUE
 1F
 SUNRISE, FL 33351**

DO NOT WRITE IN THIS SPACE

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when returning)

**Filing Fee is \$51.25
 Due by May 1, 2006**

8. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11/11/05 11/22/06-80053-024 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD VASQUEZ, JOHN 3831 NORTHWEST AVENUE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TBOD ISHMAEL, PATRICIA 3851 NW 84TH AVE. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD DIPACE, FRANCIS 3851 NW 84TH AVE., #1B SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD BARBALACO, PAUL 3761 NW 84TH AVE. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD HARDING, MICHELL 3881 NORTHWEST AVENUE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLIOTT, JACK 3831 NW 84TH AVE, 1F SUNRISE, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK BELLIOTTI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____