

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727588

FILED  
Jul 03, 2009  
Secretary of State

**Entity Name:** SPRING CREEK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3801 NW 84 AVE., #1C  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

3801 NW 84 AVE., #1C  
SUNRISE, FL 33351 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CLOUSE, LANCE  
C/O BECKER - POLIAKOFF, P.A.  
3111 STIRLING RD.  
FORT LAUDERDALE, FL 33312 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOORE, AARON  
Address: 3801 NW 84 AVE., 1A  
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete  
Name: COOLEY, MICHEAL  
Address: 3881 NW 84 AVE., 1H  
City-St-Zip: SUNRISE, FL 33351

Title: VD ( ) Delete  
Name: GAGLIANO, JOHN  
Address: 3771 NW 84 AVE., 2A  
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete  
Name: BARBALACO, PAUL  
Address: 3761 NW 84TH AVE., #1A  
City-St-Zip: SUNRISE, FL 33351

Title: BOD (X) Delete  
Name: NUNEZ, ORIEL  
Address: 3841 NW 84 AVE., 2H  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AARON MOORE

PD

07/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date