

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90188 030 \*\*\*\*61.25

**DOCUMENT # 727588**



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

Principal Place of Business

**DI PACE ANGELO  
3831 NW 84TH AVE #1E  
SUNRISE FL 33351  
US**

Mailing Address

**DI PACE ANGELO  
3831 NW 84TH AVE #1E  
SUNRISE FL 33351  
US**

10056021



2. Principal Place of Business

3781 NW 84th Ave.

3. Mailing Address

3781 NW 84th Ave.

Suite, Apt. #, etc.

#2D

Suite, Apt. #, etc.

#2D

City & State

Sunrise, FL

City & State

Sunrise, FL

CHECK HERE IF MAKING CHANGES

Zip

33351

Country

US

Zip

33351

Country

2D

4. FEI Number **59-1488931**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DI PACE, ANGELO  
3831 NW 84TH AVENUE  
SUITE 1E  
SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name **Julie Evans**  
Street Address (P.O. Box Number is Not Acceptable)  
**3781 NW 84th Ave. #2D**  
City **Sunrise** **FL** Zip Code **33351**

8. 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 Julie Evans

Signature, typed or printed name of registered agent and title if applicable.

*Julie Evans*

(NOTE: Registered Agent signature required when reinstating)

4/1/03

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DI PACE, ANGELO	
STREET ADDRESS	3831 NW 84TH AVE #1E	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ISHMAEL, PATRICIA	
STREET ADDRESS	3851 NW 84TH AVE #2B	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DIPACE, FRANCIS	
STREET ADDRESS	3851 NW 84TH AVE., #1B	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELLOTTI, JDA	
STREET ADDRESS	3831 N.W. 84TH AVE #1F	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, VINCENT	
STREET ADDRESS	3771 NW 84TH AVE, 1A	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNS, FRANK	
STREET ADDRESS	3761 N.W. 84TH AVE. 1B	
CITY-ST-ZIP	SUNRISE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, JULIE	
STREET ADDRESS	3781 NW 84th Ave. 2D	
CITY-ST-ZIP	Sunrise, FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELLOTTI, JACK	
STREET ADDRESS	3831 NW 84th Ave. 1F	
CITY-ST-ZIP	Sunrise, FL 33351	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED JULIE EVANS

41,103 (950) 370-5300

CR2E037 (10/02)