

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90135 016 ****61.25

DOCUMENT # 729037

1. Entity Name

SPRINGTREE ESTATES ASSOCIATION, INC.

Principal Place of Business

3705 N.W. 84TH AVENUE
 SUITE A
 SUNRISE FL 33351

Mailing Address

3705 N.W. 84TH AVENUE
 SUITE A
 SUNRISE FL 33351

00036180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1786931**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~OTTO, SUSAN~~
 3709 N.W. 84 AVENUE
 SUNRISE FL 33351

Name **Kristine Mercado**

Street Address (P.O. Box Number is Not Acceptable)

3715 NW 84 AVE 7C

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.

SIGNATURE

Kristine Mercado

2/8/02

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

(NOTE: Registered Agent signature required when reinstating)

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **OTTO, SUSAN**
 STREET ADDRESS **3709 N.W. 84 AVE., #8B**
 CITY-ST-ZIP **SUNRISE FL**

TITLE **PD** Change Addition
 NAME **Alphonso Marshall**
 STREET ADDRESS **3705 NW 84 AVE 5B**
 CITY-ST-ZIP **Sunrise FL**

TITLE **SD** Delete
 NAME **WILLS, PEACHIE**
 STREET ADDRESS **3741 NE 84 AVE #1C**
 CITY-ST-ZIP **SUNRISE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MERCADO, KRISTINE**
 STREET ADDRESS **3715 NW 84 AVE #7C**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LEVY, ROBERT**
 STREET ADDRESS **3705 N.W. 84TH AVE.,5D**
 CITY-ST-ZIP **SUNRISE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ALIBERGO, MARINO**
 STREET ADDRESS **3725 NW 84TH AVENUE 2A**
 CITY-ST-ZIP **SUNRISE, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CALLAHAN, SUSAN**
 STREET ADDRESS **3741 NW 84 AVE., #1A**
 CITY-ST-ZIP **SUNRISE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Kristine Mercado

2/8/02 954-331-1847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)