

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90157 036 \*\*\*\*61.25

60000100



<b>DOCUMENT # 729037</b> 1. Entity Name <b>SPRINGTREE ESTATES ASSOCIATION, INC.</b>					
Principal Place of Business <b>3705 N.W. 84TH AVENUE SUITE A SUNRISE, FL 33351</b>			Mailing Address <b>3705 N.W. 84TH AVENUE SUITE A SUNRISE, FL 33351</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1786931</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ANDROSHUK, ELLEN 37154 NW 84 AVENUE 7A SUNRISE, FL 33351</b>				Name <b>Donald E. Bernson</b> Street Address (P.O. Box Number is Not Acceptable) <b>3715 NW 84 Ave #7B</b> <b>7B</b> City <b>Sunrise Fl.</b> <b>FL</b> Zip Code <b>33351</b>	
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 <u>Donald E. Bernson</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MARSHALL, ALPHANSO</b>		NAME	<b>DONALD E. BERNSON</b>	
STREET ADDRESS	<b>3705 NW 84 AVE 5B</b>		STREET ADDRESS	<b>3715 NW 84 AVE # 7B</b>	
CITY-ST-ZIP	<b>SUNRISE, FL</b>		CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLS, PEACHIE</b>		NAME	<b>ELLEN ANDROSHUK</b>	
STREET ADDRESS	<b>3741 NE 84 AVE #1C</b>		STREET ADDRESS	<b>3715 NW 84 AVE # 7A</b>	
CITY-ST-ZIP	<b>SUNRISE, FL</b>		CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ANDROSHUK, ELLEN</b>		NAME	<b>MARY SYKES</b>	
STREET ADDRESS	<b>2715 NW 84 AVENUE, 7A</b>		STREET ADDRESS	<b>3715 NW 84 AVE # 7C</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>		CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LEVY, ROBERT</b>		NAME	<b>Claude Furman</b>	
STREET ADDRESS	<b>3705 N.W. 84TH AVE., 5D</b>		STREET ADDRESS	<b>3701 NW 84 AVE # 6A</b>	
CITY-ST-ZIP	<b>SUNRISE, FL</b>		CITY-ST-ZIP	<b>Sunrise Fl. 33351</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GREENBERG, WILLIAM</b>		NAME		
STREET ADDRESS	<b>3725 NW 84TH AVE 2C</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CALLAHAN, SUSAN</b>		NAME		
STREET ADDRESS	<b>3741 NW 84 AVE., #1A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE, FL</b>		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: <u>Donald E. Bernson</u> <u>Treasurer</u> <u>4-5-05</u> <u>954-907-0764</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					