


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 729037**  
1. Entity Name  
**SPRINGTREE ESTATES ASSOCIATION, INC.**



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>
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01162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1786931</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BERNON, DONALD E  
37154 NW 84 AVENUE  
7B  
SUNRISE, FL 33351**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

U00000598746  
01/24/07-80088-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, ALPHANSO 3705 NW 84 AVE 5B SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLS, PEACHIE 3741 NE 84 AVE #1C SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, LISA 3709 NW 84TH AVE SUITE 8C SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, ROBERT 3705 N.W. 84TH AVE.,5D SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNSON, DONALD E 37154 NW 84 AVENUE, 7B SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYKES, MARY 37154 NW 84 AVENUE, 7B SUNRISE, FL 33351

**DO NOT WRITE IN THIS SPACE**

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: Donald E Bernson Treasurer 1-17-07 954-3831600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #