

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729037

FILED
Jan 27, 2009
Secretary of State

Entity Name: SPRINGTREE ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1786931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNON, DONALD E
37154 NW 84 AVENUE
7B
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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: MARSHALL, ALPHANSON
Address: 3705 NW 84 AVE 5B
City-St-Zip: SUNRISE, FL

Title: SD () Delete
Name: WILLS, PEACHIE
Address: 3741 NE 84 AVE #1C
City-St-Zip: SUNRISE, FL

Title: D () Delete
Name: RILEY, LISA
Address: 3709 NW 84TH AVE SUITE 8C
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: LEVY, ROBERT,
Address: 3705 N.W. 84TH AVE.,5D
City-St-Zip: SUNRISE, FL

Title: T () Delete
Name: BERNSON, DONALD E
Address: 3715 NW 84TH AVENUE 7B
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: SYKES, MARY
Address: 3715 NW 84 AVENUE 7C
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARSHALL, ALPHANSON
Address: 3705 NW 84 AVE 5B
City-St-Zip: SUNRISE, FL

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

Title: D (X) Change () Addition
Name: RIVERA, SUSAN
Address: 3741 NE 84 AVE #1B
City-St-Zip: SUNRISE, FL 33351

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: DONALD E BERNSON

T

01/27/2009

Electronic Signature of Signing Officer or Director

Date