


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

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90146 025 \*\*\*\*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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1786931**

Applied For  
Not Applicable

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

Zip Country Zip Country

**80021736**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MERRADO, KRISTINE  
3715 NW 84 AVE 7C  
SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARSHALL, ALPHANSO 3705 NW 84 AVE 5B SUNRISE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WILLS, PEACHIE 3741 NE 84 AVE #1C SUNRISE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MERCADO, KRISTINE 3715 NW 84 AVE #7C SUNRISE FL 33351</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEVY, ROBERT 3705 N.W. 84TH AVE.,5D SUNRISE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALIBERGO, MARINO 3725 NW 84TH AVENUE 2A SUNRISE, FL 00000</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D William Greenberg 3725 NW 84th AVE 2C Sunrise FL 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CALLAHAN, SUSAN 3741 NW 84 AVE., #1A SUNRISE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **2/3/03**

CR2E037 (10/02)