

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**

80021736



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1786931**

Applied For
Not Applicable

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D William Greenberg**
STREET ADDRESS **3725 NW 84th AVE 2C**
CITY-ST-ZIP **Sunrise FL 33351**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

CR2E037 (10/02)