


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90072 002 ****61.25

DOCUMENT # 730555 1. Entity Name SPRINGS COLONY CLUB CONDOMINIUM, INC.					
Principal Place of Business C/O CONDO MANAGEMENT ALTERNATIVE 9365 W. SAMPLE RD., STE. 203-A CORAL SPRINGS, FL 33065			Mailing Address P.O BOX 8506 CORAL SPRINGS, FL 33075		
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 59-1640708	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONDO MANAGEMENT ALTERNATIVE, INC. 9365 W. SAMPLE ROAD SUITE 203 CORAL SPRINGS, FL 33068			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLASKIE, CHARLES		NAME		
STREET ADDRESS	P.O. BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALE, MIKE		NAME		
STREET ADDRESS	P.O. BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, DANA		NAME		
STREET ADDRESS	P.O. BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSSO, ARIANE		NAME		
STREET ADDRESS	P.O. BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BERTETE, JEAN	
STREET ADDRESS			STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Dana Bell</u> <u>Dana Bell</u>			<u>3-7-06</u> <u>954-752-4796</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		