

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90003 045 ****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 - No P.O. Box # C/O DEB Prop. Mgmt. Suite 220 Suite, Apt. #, etc.		3. Mailing Address C/O DEB Prop. Mgmt. Ser. Suite 220 Suite, Apt. #, etc.	
City & State Tamara c, FL.		City & State Tamara c, FL.	
Zip 33321		Zip 33321	
Country USA		Country USA	
4. FEI Number 59-1640708		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDO MANAGEMENT ALTERNATIVE, INC. 9365 W. SAMPLE ROAD SUITE 203 CORAL SPRINGS, FL 33068		7. Name and Address of New Registered Agent Name DEB Property management Ser. Street Address (P.O. Box Number is Not Acceptable) 7300 W. McNab Rd Suite 220 City Tamara c FL Zip Code 33321	
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 <u>Dana Bell</u> DATE 3/7/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	TD MCCLASKIE, CHARLES P.O. BOX 8506 CORAL SPRINGS, FL 33075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael Crowther 3057 Coral Springs Dr. #208 Coral Springs FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALE, MIKE P.O. BOX 8506 CORAL SPRINGS, FL 33075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, DANA P.O. BOX 8506 CORAL SPRINGS, FL 33075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COSSO, ARIANE P.O. BOX 8506 CORAL SPRINGS, FL 33075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERTETE, JEAN P.O. BOX 8506 CORAL SPRINGS, FL 33075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MAYIMUNA SABADINI 3183 Coral Springs Drive Coral Springs FL 33075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/7/07 Daytime Phone # 954-720-9111	