


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90212 033 \*\*\*\*61.25

<b>DOCUMENT # 730555</b> 1. Entity Name SPRINGS COLONY CLUB CONDOMINIUM, INC.			
Principal Place of Business C/O DEB PROPERTY MANAGEMENT SITE 220 TAMARAC, FL 33321		Mailing Address C/O DEB PROPERTY MANAGEMENT SITE 220 TAMARAC, FL 33321	
2. Principal Place of Business - No P.O. Box # 7300 W. McNab Rd. Suite, Apt. #, etc. Suite 220 City & State Tamarac, FL Zip 33321 Country US		3. Mailing Address 7300 W. McNab Rd. Suite, Apt. #, etc. Suite 220 City & State Tamarac, FL Zip 33321 Country US	
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		01032008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  DEB PROPERTY MANAGEMENT SERVICES 7300 N. MCNAB RD SUITE 220 TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name: Property Management Partners Street Address (P.O. Box Number is Not Acceptable) 7300 W. McNab Rd. #220 City: Tamarac 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: <i>Theresa Morale</i> - Vice President 2/25/08 <small>Signature, typed, 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, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <del>PD</del> NAME: MCCLASKIE, CHARLES STREET ADDRESS: P.O. BOX 8506 CITY-ST-ZIP: CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete	TITLE: Vice President NAME: STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <del>D</del> NAME: MORALE, MIKE STREET ADDRESS: P.O. BOX 8506 CITY-ST-ZIP: CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete	TITLE: President NAME: STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PD NAME: BELL, DANA STREET ADDRESS: P.O. BOX 8506 CITY-ST-ZIP: CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Delete	TITLE: Sec. Ariane Cossò NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: VD NAME: COSSO, ARIANE STREET ADDRESS: P.O. BOX 8506 CITY-ST-ZIP: CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Delete	TITLE: Treia Doreen Smith NAME: STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: SD NAME: BERTETE, JEAN STREET ADDRESS: P.O. BOX 8506 CITY-ST-ZIP: CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Delete	TITLE: Director Theresa Morale NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D NAME: CROWTHER, MICHAEL STREET ADDRESS: 3057 CORAL SPRINGS DR., 208 CITY-ST-ZIP: CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE: Director Minko Alay 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: <i>Theresa Morale</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 2-27-08 <small>Daytime Phone #</small>	