

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90109 027 \*\*\*\*61.25

<b>DOCUMENT # 731661</b> 1. Entity Name <b>THE SPRINGS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>465 ROYAL PONCIANA BL MIAMI, FL 33166 US</b>			Mailing Address <b>MCM RLTY PROPERTY MGMT. 190 WESTWARD DR STE A MIAMI, FL 33166</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1610421</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARRERO, MIRIAM C MCM RLTY PROPERTY MGMT. 190 WESTWARD DR., STE A MIAMI SPRINGS, FL 33166</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MEDEL, VINCENT</b>		NAME		
STREET ADDRESS	<b>330 MORNINGSIDE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI SPRINGS, FL 33166</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOWARD, VIRGINIA</b>		NAME		
STREET ADDRESS	<b>6240 NW 38 TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI SPRINGS, FL 33166</b>		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SWEENEY, TERRY</b>		NAME		
STREET ADDRESS	<b>465 ROYAL POINCIANA BL #7B</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI SPRING, FL 33166</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TRAVIESO, MIRIAM</b>		NAME		
STREET ADDRESS	<b>1410 ALBERTA ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI SPRINGS, FL 33166</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DONIKIAN, SERGIO</b>		NAME	<b>Sergio Donikian</b>	
STREET ADDRESS	<b>911 PLOVER AVE</b>		STREET ADDRESS	<b>911 Plover Ave.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS, FL 33166</b>		CITY-ST-ZIP	<b>Miami Springs, Fl. 33166</b>	
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.					
<b>SIGNATURE:</b> <i>VIRGINIA M. HOWARD</i>			<i>4/23/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone # <b>(305) 887-9000</b>		