2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State
03-27-2007 90015 020 ****61.25

DOCUMENT # 737793

1. Entity Name

SPRINGBROOK GARDENS, INC., A CONDOMINIUM

Principal Place of Business	Mailing Address
125 N BIRCH RD. FT LAUDERDALE FL 33304 US	C/O MARK LAMBERT 125 N BIRCH RD #108 FORT LAUDERDALE FL 33304 US

1st MOORE CR2E037 (10/06)

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 59-1809263 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAKALAR, BROUGH & CHADROW, P.A. WESTSIDE CORPORATE CENTER 150 SOUTH PINE ISLAND RD., SUITE 540 PLANTATION FL 33324-2669	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
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, GEORGE 125 N. BIRCH ROAD #203 FT. LAUDERDALE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Michael Erickson 125 N. Birch Rd. #102 Ft. Lauderdale, Fla 33304	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEWANDOWSKI, CAROL 125 N BIRCH RD #404 FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, TOM 125 N BIRCH RD #301 FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STADLER, PAT 125 N BIRCH RD # 104 FORT LAUDERDALE FL 33304	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	William Shields 125 N. Birch Rd #107 Ft. Lauderdale, Fla 33304	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHEWS, MIKE 125 N. BIRCH RD./, 209 FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carol K Lewandowski President 3/16/07 954-763-0255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #