


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90181 044 ****61.25

DOCUMENT # 766349 1. Entity Name SPRINGDALE LAKE "C" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O BENCHMARK PROP. MGT. 7932 WILES ROAD CORAL SPRINGS, FL 33067			Mailing Address C/O BENCHMARK PROP. MGT. 7932 WILES ROAD CORAL SPRINGS, FL 33067		
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 59-2376925	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERT KAVE & ASSOC., PA 6261 SW 6TH WAY, STE 103 FORT LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	DPT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GELLATLY, INGEBORG		NAME		
STREET ADDRESS	4979 N.W. 82ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33351		CITY-ST-ZIP		
TITLE	DVP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEMPESTA, MARY		NAME		
STREET ADDRESS	154-63 23RD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WHITESTONE, NY 11357		CITY-ST-ZIP		
TITLE	DS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINK, ROBERT		NAME		
STREET ADDRESS	4977 NW 82ND AVE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33351		CITY-ST-ZIP		
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		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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: <i>Ingeborg Gellatly Pres</i> 4-24-06 934-749-8923					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					