


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90049 026 \*\*\*\*61.25

**DOCUMENT # 766619**

1. Entity Name  
**SPRINGS PARK EAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O CCM, INC  
 10034 W MCNAB RD.  
 TAMARAC, FL 33321**

Mailing Address  
**C/O CCM, INC  
 10034 W MCNAB RD.  
 TAMARAC, FL 33321**

40023401



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01222007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2326930**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**MILES, JAMES R  
 10034 W MCNAB RD.  
 TAMARAC, FL 33321**

Name **Brough, Chadrow & Levine, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1900 N. Commerce Pkwy # 2**  
 City **Weston** FL Zip Code **33326**

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 *Scott J. Levine, Esq. for Brough, Chadrow & Levine, P.A. 2/19/07*  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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 PD  
 NAME POLL, RICHARD  Delete  
 STREET ADDRESS 10034 W MCNAB RD.  
 CITY-ST-ZIP TAMARAC, FL 33321

TITLE U.P.  
 NAME Lisa Corwell  Change  Addition  
 STREET ADDRESS 10034 W. McNab Rd  
 CITY-ST-ZIP Tamarac, FL 33321

TITLE ~~VP~~  
 NAME ~~GALLAGHER, DONNA~~  Delete  
 STREET ADDRESS ~~10034 W MCNAB RD.~~  
 CITY-ST-ZIP ~~TAMARAC, FL 33321~~

TITLE 370  
 NAME Carla Fischer  Change  Addition  
 STREET ADDRESS 10034 W. McNab Rd  
 CITY-ST-ZIP Tamarac, FL 33321

TITLE STD  
 NAME DAVIS, LIONEL  Delete  
 STREET ADDRESS 10034 W MCNAB RD.  
 CITY-ST-ZIP TAMARAC, FL 33321

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE Lisa Corwell - U.P.  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE Carla Fischer - B.O.D.  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  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 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 (re)empowered.

SIGNATURE: *Richard J. Poll (President)* Date **2/24/07** Daytime Phone # **954-753-0907**