


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90048 011 ****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**



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

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

01032008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2326930

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**BROUGH, CHADROW&LEVINE, P.A.
 1900 N. COMMERCE PKWY #2
 WESTON, FL 33326**

7. Name and Address of New Registered Agent

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

Filing Fee is \$61.25 Due by May 1, 2008

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

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | POLL, RICHARD | |
| STREET ADDRESS | 10034 W MCNAB RD. | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | DAVIS, LIONEL | |
| STREET ADDRESS | 10034 W MCNAB RD. | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | CORWELL, LISA | |
| STREET ADDRESS | 10034 W. MCNEB RD | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | FISCHER, CARLA | |
| STREET ADDRESS | 10034 W. MCNEBB RD | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 other like empowered.

SIGNATURE: *Richard Poll (Pres)* 1/09/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #