

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90127 032 \*\*\*\*70.00

DOCUMENT # N02000001520

1. Entity Name

STEAM LOCOMOTIVE ASSOCIATION #253, INC.



Principal Place of Business

4920 S.W. 167TH AVENUE  
FT. LAUDERDALE FL 33331

Mailing Address

4920 S.W. 167TH AVENUE  
FT. LAUDERDALE FL 33331

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

02-0618304

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPRECKELMEIER, STEVEN  
4920 S.W. 167TH AVENUE  
FT. LAUDERDALE FL 33331

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

*Steven J. Spreckelmeier* (PRS)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-27-05

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	OD	<input type="checkbox"/> Delete
NAME	SPRECKELMEIER, STEVEN	
STREET ADDRESS	4920 S.W. 167TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	OD	<input type="checkbox"/> Delete
NAME	SPRECKELMEIER, REBECCA	
STREET ADDRESS	4920 S.W. 167TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	OD	<input type="checkbox"/> Delete
NAME	BATES, ROBERT	
STREET ADDRESS	106 EAST BEVERLY RD	
CITY-ST-ZIP	JUPITER FL	
TITLE	OD	<input type="checkbox"/> Delete
NAME	HARPER, ALLEN C	
STREET ADDRESS	1360 S. DIXIE HIGHWAY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, MICHAEL	
STREET ADDRESS	4940 HAWKS SW	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDE, JOHN	
STREET ADDRESS	630 N.W. 14TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY WATLEY	
STREET ADDRESS	(SAME AS CORP.)	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND MC CALL	
STREET ADDRESS	(SAME AS CORP.)	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAM S. GOLDBERG, JR.	
STREET ADDRESS	(SAME AS CORP.)	
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 exemption stated in Section 119.07(3)(i), 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:

*Steven J. Spreckelmeier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

DATE

954-680-7686

Daytime Phone #