

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002007

FILED
Jan 26, 2008
Secretary of State

Entity Name: SPRINGS WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11158 W. SAMPLE RD.
#58
CORAL SPRINGS, FL 33065

New Principal Place of Business:

11150-60 & 11162-76 W. SAMPLE RD.
CORAL SPRINGS, FL 33065

Current Mailing Address:

11158 W. SAMPLE RD.
#58
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-4380902 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ORTIZ, EDITH M
11158 W. SAMPLE RD.
#58
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORTIZ, EDITH M
Address: 11158 W. SAMPLE RD., #58
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: OLAN, DERRICK A
Address: 11150 W. SAMPLE RD., #58
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T () Delete
Name: BELNAVIS, KAREEN
Address: 11154 W. SAMPLE RD., #58
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: OLAN, DERRICK A
Address: 11150 W. SAMPLE RD., #50
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T (X) Change () Addition
Name: BELNAVIS, KAREEN
Address: 11154 W. SAMPLE RD., #54
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDITH MALAVE ORTIZ

P

01/26/2008

Electronic Signature of Signing Officer or Director

Date