2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004
Secretary of State

DOCUMENT# N13839

Entity Name: SPRINGTREE WEST COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3785 NW 91ST LANE
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

3785 NW 91ST LANE
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0044736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIGMON, KATHY
3639 NW 91ST LANE
SUNRISE, FL 33351 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: PD ( ) Delete
Name: CURRY, MICHAEL,
Address: 3595 N.W. 91ST LANE
City-St-Zip: SUNRISE, FL

Title: SD ( ) Delete
Name: MORRIS, CATHY
Address: 3619 N.W. 91ST LA.
City-St-Zip: SUNRISE, FL 33351

Title: TD ( ) Delete
Name: CIANO, SANDRA,
Address: 3591 N.W. 91ST LANE
City-St-Zip: SUNRISE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROBINSON, GEORGE L,
Address: 3663 N.W. 91ST LANE
City-St-Zip: SUNRISE, FL 33351

Title: SD (X) Change ( ) Addition
Name: FLEMING, DONNA
Address: 3583 N.W. 91ST LA.
City-St-Zip: SUNRISE, FL 33351

Title: TD (X) Change ( ) Addition
Name: SIGMON, KATHY,
Address: 3639 N.W. 91ST LANE
City-St-Zip: SUNRISE, FL 33351

Title: VD ( ) Change (X) Addition
Name: FELICIANO, HECTOR
Address: 3647 NW 91ST LANE
City-St-Zip: SUNRISE, FL 33351

Title: SOA ( ) Change (X) Addition
Name: JULIO, COLON
Address: 3619 NW 91ST LANE
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHY SIGMON TD 08/31/2004

Electronic Signature of Signing Officer or Director Date