2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
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:

MORRIS, CATHY B
3619 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: MORRIS, CATHY B,
Address: 3619 NW 91ST LANE
City-St-Zip: SUNRISE, FL 33351

Title: SD ( ) Delete
Name: ROMANO, DAWN
Address: 3567 NW 91ST LANE
City-St-Zip: SUNRISE, FL 33351

Title: TD ( ) Delete
Name: SUAREZ, JOHN
Address: 3607 NW 91ST LANE
City-St-Zip: SUNRISE, FL 33351

Title: VD ( ) Delete
Name: FLEMING, JOHN
Address: 3583 NW 91ST LANE
City-St-Zip: SUNRISE, FL 33351

Title: SOA ( ) Delete
Name: MORRIS, MICHAEL
Address: 3619 NW 91ST LANE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: ROMANO, DAWN
Address: 3567 NW 91ST LANE
City-St-Zip: SUNRISE, FL 33351

Title: SD (X) Change ( ) Addition
Name: BECKER, WILLIAM
Address: 3591 NW 91ST LANE
City-St-Zip: SUNRISE, FL 33351

Title: VD (X) Change ( ) Addition
Name: POLLACK, TONI
Address: 3715 NW 91ST LANE
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change ( ) Addition
Name: EISNER, RANDY
Address: 3719 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 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: CATHY MORRIS PD 03/27/2007

Electronic Signature of Signing Officer or Director — Date