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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N15740

(6)

SPRINGER WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

FILED Mar 05 1997 8:00am Secretary of State

Principal Place of Business Mailing Address				T UND HERT DON THERE OF THE STATE CONTROL OF THE STATE OF			
C/O YOSEPH D 8460 BIRQ ROA	IBARTOLOMEO	%ROBERT KORSCHUM, ESC 28 W. FLAGLER ST., 11TH					
MIANINFL 38155	Y	MIAMI FL 33130-1896	120011			·····	
Miam Fl 33155 Helen Springer Miam Fl 33130-1896 Allen & Helen Springer Miami, Fl. 33144				3. Date incorporated or Qualified			
2. Principal Pl	ace of Business	2a. Mailing Address 26			4 59-2755110		Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & State	<u> </u>	City & State			6. Election Campaign Financing		.00 May Be
23		28			Trust Fund Contribution		ided to Fees
Zıp	Country	Zip	Countr	у	8. This corporation has liability for		der s. 199.032,
24	25		30			Yes No	
	9. Name and Address of Curre	nt Registered Agent		II Nama	10. Name and Address of New Re	gistered Agent	
			8	Name			
KORSCHUN, ROBERT S ESQ. 28 WEST FLAGLER STREET., 11TH FLOOR			6;	Street Add	dress (P.O. Box Number is Not Accepta	ble)	
MIAMI FL			8:				
			84	City		85	Zip Code
44		00 -1047 4500 5(-1) - 0:				FL 🏻 🖺	
office or re agent if a	egistered agent, or both, in the Stal m familiar with, and accept the obli	e of Florida. Such change was a gations of, Section 617.0503, Flo	uthorized k orida Statute	by the corpora es.	poration submits this statement for the atlants board of directors. I hereby acce	pt the appointme	nt as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE	E: Registered A	ent signature regu	ulred when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Ch	ange Addition
NAME	SPRINGER, ALLEN		1.2 NAME				
STREET ADDRESS	890 SW 69TH AVENUE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP			
TITLE	S	DELETE	2.1 TITLE			Ch	ange 🔲 Addition
NAME	GOMEZ, CARMEN		2.2 NAMI	: [
STREET ADDRESS	2747 W. 78TH STREET		2.3 STRE	ET ADDRESS			
CITY ST-ZIP	HIALEAH FL 33016		2.4 CITY				
TITLE	D	☐ DELETE	3.1 TITLE	Į.		L_J Ch	ange
NAME	SPRINGER, HELEN		3.2 NAMI				
STREET ADDRESS	890 S.W. 69TH AVENUE			et address			
CITY-ST-ZIP	MIAMI FL	DELETE	3.4. CITY			T C+	ange Addition
TITLE	D DATE THE DO	[] OECEIE	4.1 TITLE	Į.			ange Addition
NAME	GOMEZ, RAMIRO		4. 2 NAM				
STREET ADDRESS	2747 W. 78TH STREET			ET ADORESS			
CITY-ST-ZIP	HIALEAH FL 33016	DELETE	5.1 TITLE			T] Ch	ange Addition
TITLE		CT percit	5.7 HILE	į.		ال ليبا	
NAME CTOCCT ADDRESS			1				
STREET ADDRESS				ET ADDRESS			
CITY-ST-7IP TITLE		DELETE	5.4 CITY - 6.1 TITLE			☐ Cr	ange Addition
		Dyerric	8				miles First Languigh
NAME			6.2 NAMI				
STREET ADDRESS				ET ADDRESS			
CITY+ST-ZIP		(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	6.4 CITY		ed in Section 119.07(3)(i). Florida Statuti		

I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changing or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

Daytime Phone # 0028726