

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000212

FILED  
Aug 31, 2009  
Secretary of State

**Entity Name:** SPRING TREE GARDENS TOWNHOUSE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

8415 NW 40TH CT  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

8415 NW 40TH CT  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 65-0807208      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TODD, JAMES  
715 NW 101 TERRACE  
CORAL SPRINGS, FL 33071      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: OLIVARES, MICHAEL  
Address: 4091 NW 84 TERRACE  
City-St-Zip: SUNRISE, FL 33351

Title: T ( ) Delete  
Name: WATERMAN, HARRIET  
Address: 8426 NW 40TH CT  
City-St-Zip: SUNRISE, FL 33351

Title: S ( ) Delete  
Name: ARYBRISTER, JOAN  
Address: 4051 NW 84TH TERRACE  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: WEINTSTEIN, DAVID  
Address: 8418 NW 40TH COURT  
City-St-Zip: SUNRISE, FL 33351

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: MICHAEL L. OLIVARES

P

08/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date