


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90068 033 \*\*\*550.00

<b>DOCUMENT # P03000099653</b>	
1. Entity Name SPRINGTREE MEADOWS APARTMENTS GP, INC.	

Principal Place of Business 5115 N.W. 17TH TERRACE #39A FORT LAUDERDALE, FL 33309	Mailing Address 5115 N.W. 17TH TERRACE #39A FORT LAUDERDALE, FL 33309
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**50065568**



2. Principal Place of Business 4001 N. UNIVERSITY DR. Suite, Apt. #, etc. A-108	3. Mailing Address 11497 COLUMBIA PK DR. W. Suite, Apt. #, etc. STE # 7
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07212005 Chg-P CR2E034 (10/03)

City & State SURPRISE FL	City & State JACKSONVILLE FL
Zip 33351	Zip 32258
Country USA	Country USA

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PAPAGEORGE, SPYROS 5115 N.W. 17TH TERRACE #39A FORT LAUDERDALE, FL 33309	
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7. Name and Address of New Registered Agent Name PAPAGEORGE, SPYROS Street Address (P.O. Box Number is Not Acceptable) 11497 COLUMBIA PK DRIVE W., STE #7 City JACKSONVILLE FL Zip Code 32258	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAPAGEORGE, SPYROS 5115 N.W. 17TH TERRACE FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11497 COLUMBIA PK DRIVE W., STE #7 JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAPAGEORGE, MELANIE 5115 N.W. 17TH TERRACE FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11497 COLUMBIA PK DRIVE W., STE #7 JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 601, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SPYROS PAPAGEORGE 9-6-05 954 741-6440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #