## **2008 FOR PROFIT CORPORATION**

## Apr 07, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000136910 04-07-2008 90024 026 \*\*\*150.00 SPRINGFIELD COMMONS SPRINGING MEMBER CORP. Principal Place of Business Mailing Address 3700 AIRPORT RD. 2101 W. COMMERCIAL BLVD SUITE 401 STE 2800 BOCA RATON, FL 33431 FORT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3612701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALTINO, VINCENT J Street Address (P.O. Box Number is Not Acceptable) 2101 W COMMERCIAL BLVD SUITE 2800 FT LAUDERDALE, FL 33309 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Againt signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE K Change Delete TITLE Addition SHIMM KENNETH I NAME NAME 3700 Airport Road, Suite 401 STREET ADDRESS 2101 W. COMMERCIAL BLVD STE 2800 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP Boca Raton, FL 33431 TITLE ☐ Delete TITLE ☐ Change Addition MAME MAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-S1-ZIP THE ☐ Delete TITLE Cnange Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-ZIP TITLE ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP Delete TILLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Millè HILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained 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 signature shall have the same legal offoct 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 607, 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.

FILED

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

SIGNATURE