
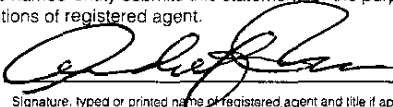
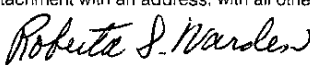


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90059 006 \*\*\*\*61.25

<b>DOCUMENT # 725510</b>							
1. Entity Name <b>SPRING MEADOW ASSOCIATION, INC.</b>							
Principal Place of Business <b>1000 SPRING MEADOW DR KISSIMMEE FL 34741-3236</b>			Mailing Address <b>1000 SPRING MEADOW DR KISSIMMEE FL 34741-3236</b>				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>59-1952153</b>			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>BULONE, THOMAS 1028 SPRING MEADOW DRIVE KISSIMMEE FL 34741</b>			Name <b>Andres Roca</b>				
			Street Address (P.O. Box Number is Not Acceptable) <b>1108 Spring Meadow Dr.</b>				
			City <b>Kissimmee</b>			FL Zip Code <b>34741</b>	
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 		<b>Andres Roca</b>		DATE <b>3-16-04</b>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<b>Andres Roca - Pres.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>LUSARDI, JOSEPH</b>		NAME	<b>1108 Spring Meadow Dr.</b>			
STREET ADDRESS	<b>1107 SPRING MEADOW DR.</b>		STREET ADDRESS	<b>Kissimmee Fl. 34741</b>			
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<b>Lane Hoppen - V. Pres.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>BURNWORTH, LINDA</b>		NAME	<b>1133 Spring Meadow Dr.</b>			
STREET ADDRESS	<b>1012 SPRING MEADOW DR.</b>		STREET ADDRESS	<b>Kissimmee Fl. 34741</b>			
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<b>James Rollins - Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>LUSARDI, ALICE</b>		NAME	<b>1028 Spring Meadow Dr.</b>			
STREET ADDRESS	<b>1107 SPRING MEADOW DR.</b>		STREET ADDRESS	<b>Kissimmee Fl. 34741</b>			
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<b>Veronica Miesamer - Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>WARDEN, ROBERTA</b>		NAME	<b>1117 Spring Meadow Dr.</b>			
STREET ADDRESS	<b>37 LIND AVE.</b>		STREET ADDRESS	<b>Kissimmee Fl. 34741</b>			
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>		CITY-ST-ZIP				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BULONE, THOMAS</b>		NAME				
STREET ADDRESS	<b>1028 SPRING MEADOW DR</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>OCALA FL 34471</b>		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BULONE, DEBORAH</b>		NAME				
STREET ADDRESS	<b>1028 SPRING MEADOW DR.</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>		CITY-ST-ZIP				
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 617, 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: 		<b>Roberta S. Warden, Tres.</b>		DATE <b>3-16-04</b> (407) 847-0234			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE			
				Daytime Phone #			