

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90025 038 ****61.25

DOCUMENT # 725510
 1. Entity Name
SPRING MEADOW ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1000 SPRING MEADOW DR 1000 SPRING MEADOW DR
 KISSIMMEE FL 34741-3236 KISSIMMEE FL 34741-3236

40019103



1st MOORE CR2E037 (10/04)

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 Applied For
59-1952153 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROCA, ANDRES
 1108 SPRING MEADOW DR
 KISSIMMEE FL 34741

7. Name and Address of New Registered Agent
 Name **Lane Hoppen**
 Street Address (P.O. Box Number is Not Acceptable)
1133 Spring Meadow Dr
 City **Kissimmee** FL Zip Code **34741**

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 **Lane Hoppen, President** *Jan 2 Hoppen* **2/4/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCA, ANDRES 1108 SPRING MEADOWS DR KISSIMMEE FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNWORTH, LINDA 1012 SPRING MEADOW DR. KISSIMMEE FL 34741 <input type="checkbox"/> Delete (same)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOPPEN, LANE 1133 SPRING MEADOWS DR KISSIMMEE FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARDEN, ROBERTA 37 LIND AVE 1371 FAIR OAKS AVE. KISSIMMEE FL 34744 <input type="checkbox"/> Delete (same)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLINS, JAMES 1028 SPRING MEADOW DR OCALA FL 34471 <input type="checkbox"/> Delete (same)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIESOMER, VERONICA 1117 SPRING MEADOWS DR KISSIMMEE FL 34741 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shirley Miller 1015 Spring Meadow Dr. Kissimmee FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frances Seller 1116 Spring Meadow Dr Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" 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 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: **Roberta S. Warden** *Roberta S. Warden* **2-5-05** **(407) 847-0234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #