


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90058 020 ****61.25

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



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

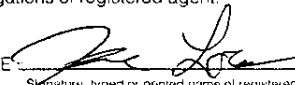


2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/05)
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
**HOPPEN, LANE
1133 SPRING MEADOW DR
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent
Name **Jossue Lorenzo**
Street Address (P.O. Box Number is Not Acceptable)
1102 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:  **Jossue Lorenzo, Pres** **2-1-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	D	<input checked="" type="checkbox"/> Delete
NAME	ROCA, ANDRE	
STREET ADDRESS	1108 SPRING MEADOWS DR	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURNWORTH, LINDA	
STREET ADDRESS	1012 SPRING MEADOW DR.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOPPEN, LANE	
STREET ADDRESS	1133 SPRING MEADOWS DR	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WARDEN, ROBERTA	
STREET ADDRESS	1371 FAIR OAKS AVE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROLLINS, JAMES	
STREET ADDRESS	1028 SPRING MEADOW DR	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, SHIRLEY	
STREET ADDRESS	1015 SPRING MEADOW DR	
CITY-ST-ZIP	KISSIMMEE FL 34741	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angel Perez	
STREET ADDRESS	1106 Spring Meadow Dr.	
CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Salvatore Cannella	
STREET ADDRESS	1005 Spring Meadow Dr	
CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jossue Lorenzo	
STREET ADDRESS	1102 Spring Meadow Dr.	
CITY-ST-ZIP	Kissimmee FL 34741	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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** **2-1-06** **(407) 847-0234**