


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90033 012 ****61.25

DOCUMENT # 725510 1. Entity Name SPRING MEADOW ASSOCIATION, INC.					
Principal Place of Business 1000 SPRING MEADOW DR KISSIMMEE FL 34741-3236		Mailing Address 1000 SPRING MEADOW DR KISSIMMEE FL 34741-3236			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E037 (10/06)	
City & State		City & State		4. FEI Number 59-1952153 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LORENZO, JOSSUE 1102 SPRING MEADOW DR KISSIMMEE FL 34741				7. Name and Address of New Registered Agent Name <u>Salvatore Cannella</u> Street Address (P.O. Box Number is Not Acceptable) <u>1005 Spring Meadow Dr.</u> <u>Kissimmee Fl.</u> City <u>FL</u> Zip Code <u>34741</u>	
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 <u>Salvatore Cannella</u> DATE <u>3-19-07</u> <small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, ANGLE 1106 SPRING MEADOW DR KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edmond ORTIZ 1006 Spring Meadow Dr. Kissimmee Fl. 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNWORTH, LINDA 1012 SPRING MEADOW DR. KISSIMMEE FL 34741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCES SELLERS 1116 Spring Meadow Dr. Kissimmee Fl. 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORENZO, JOSSUE 1102 SPRING MEADOW DR KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Lane Hoppin 1133 Spring Meadow Dr. Kissimmee Fl. 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARDEN, ROBERTA 1371 FAIR OAKS AVE KISSIMMEE FL 34744	<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	D CARNELLA, SALVATOR 1005 SPRING MEADOW DR OCALA FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cannella, Salvatore Pres 1005 Spring Meadow Dr. Kissimmee Fl. 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, SHIRLEY 1015 SPRING MEADOW DR KISSIMMEE FL 34741	<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 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 DATE: 3-19-07 DAYTIME PHONE #: (407) 846-4163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #