


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90017 004 ****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 - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1952153** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
**CANNELLA, SALVATORE
1005 SPRING MEADOWS DR
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	ORTIZ, EDMOND	
STREET ADDRESS	1006 SPRING MEADOW 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	VPD	<input type="checkbox"/> Delete
NAME	HOPPEN, LANE	
STREET ADDRESS	1133 SPRING MEADOW 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	PD	<input type="checkbox"/> Delete
NAME	CANNELLA, SALVATORE	
STREET ADDRESS	1005 SPRING MEADOW DR	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" 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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Rollins	
STREET ADDRESS	1028 Spring Meadow Dr	
CITY-ST-ZIP	Kissimmee Fl. 34741	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry KATZ	
STREET ADDRESS	1041 Spring Meadow Dr.	
CITY-ST-ZIP	Kissimmee Fl. 34741	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frances Sellers	
STREET ADDRESS	1116 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* Roberta S. Warden 4-21-08 (407) 847-4163