

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725510

FILED
Jul 20, 2009
Secretary of State

Entity Name: SPRING MEADOW ASSOCIATION, INC.

Current Principal Place of Business:

1000 SPRING MEADOW DR
KISSIMMEE, FL 347413236

New Principal Place of Business:

Current Mailing Address:

1000 SPRING MEADOW DR
KISSIMMEE, FL 347413236

New Mailing Address:

FEI Number: 59-1952153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CANNELLA, SALVATORE
1005 SPRING MEADOWS DR
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROLLINS, JAMES
Address: 1028 SPRING MEADOW DR
City-St-Zip: KISSIMMEE, FL 34741

Title: SD () Delete
Name: BURNWORTH, LINDA
Address: 1012 SPRING MEADOW DR.
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD () Delete
Name: HOPPEN, LANC
Address: 1133 SPRING MEADOW DR
City-St-Zip: KISSIMMEE, FL 34741

Title: TD () Delete
Name: WARDEN, ROBERTA
Address: 1371 FAIR OAKS AVE
City-St-Zip: KISSIMMEE, FL 34744

Title: PD () Delete
Name: CANNELLA, SALVATORE
Address: 1005 SPRING MEADOW DR
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: KATZ, JERRY
Address: 1041 SPRING MEADOW DR
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FRANCES, SELLERS
Address: 1116 SPRING MEADOW DR
City-St-Zip: KISSIMMEE, FL 34741

Title: SD (X) Change () Addition
Name: AUSTIN, WILLIS
Address: 1471 RIVIERA DR
City-St-Zip: KISSIMMEE, FL 34744

Title: VPD (X) Change () Addition
Name: HOPPEN, LANE
Address: 1133 SPRING MEADOW DR
City-St-Zip: KISSIMMEE, FL 34741

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA S WARDEN

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07/20/2009

Electronic Signature of Signing Officer or Director

_____ Date