2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 725510

1. Entity Name

SPRING MEADOW ASSOCIATION, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90204 024 ****70.00



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Principal Plac	e of Business	Mailing Address						
000 SPRING N	MEADOW DR	1000 SPRING MEADOW DR						
issimmee fl	34741-3236	KISSIMMEE FL 34741-3236						
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Principal P	lace of Business	3. Mailing Address						
		1000 Spring Me	2 wobas)r	1 00 165 14 0 10 11	 		HI 81811 1881
Suite, Apt. #, etc. Suite, Apt. #, etc.			244011		-4	ALIENY LIEUZ IE N	ALVINA ALIANAFA	
33.1317.151	., 6.6.	55.01.15.1.17.10.1			(X)	CHECK HERE IF M	IAKING CHANGES	
City & Stat	e	City & State			4. FFI Number E	0_1050150	1 A	pplied For
Kissimmee, FL Kissimmee,		、FL	1 130E 100		ot Applicable			
Zip	Country	Zip	Country		F 0. 25		\$8.75 Ad	ditional
4741-3	236 U.S.A.	34741-3236	U.S. A.		5. Certificate of S	iatus Desired	Fee Require	
	6. Name and Address of Current F	Registered Agent				dress of New Regis	tered Agent	
	منيها والمنافق المرادية المنافقة	-	~Name -	Bülö	ine. Th	iomas		
BULONE,	THOMAS		Street	Address (Pi	O Box Number is:	Not Acceptable)		-
1028 SPR	IING MEADOW DRIVE			28 S	pring N	Meadow	Drive	
KISSIMME	E FL 34741				'			
			City:				Zip Cod	de de
			"K	ISSIF	nmee		FL 347	41
3. The above	named entity submits this statement for	r the purpose of changing its re	egistered office o	or registered	d agent, or both, in	the State of Florida.	. I am familiar with,	and accept
	ions of registered agent.							
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		, Thomas Bi				176	6/03	
the obligat	Florens Bulene Signature, typed or printed name of registered agent a	·•	Alone, Registered Agent signs			176	DATE	
the obligat		·•				1/6		
the obligat		and title if applicable. (NOTE:	Registered Agent signs	ature required w	hen reinstating)	Make (DATE Check Payable	
the obligat	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signs	ature required w	hen reinstating)	Make (DATE	
the obligat	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: 9. Election Camp Trust Fund Co	Registered Agent signa Daign Financing Intribution.	ature required w	\$5.00 May Be Added to Fees	Make (Florida D	Check Payable Department of	State
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STREET ADDRESS
CITY-ST-ZIP
KISSIMMEE FL 34741

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: TREADIBULGREATHOMAS Bulone, President 1/6/03 (407)847-4163