

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

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

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

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
1000 Spring Meadow Dr

3. Mailing Address
1000 Spring Meadow Dr

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Kissimmee, FL

City & State
Kissimmee, FL

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

Zip Country
34741-3236 U.S.A.

Zip Country
34741-3236 U.S.A.

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

6. Name and Address of Current Registered Agent
**BULONE, THOMAS
1028 SPRING MEADOW DRIVE
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent
Name: **Bulone, Thomas**
Street Address (P.O. Box Number is Not Acceptable): **1028 Spring Meadow Drive**
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: **Thomas Bulone, Thomas Bulone, President 1/6/03**
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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM MIESMMER, THOMAS M 1024 SPRING MEADOW DR KISSIMMEE FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Lusardi, Joseph 1107 Spring Meadow Drive Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDSW BURNWORTH, LINDA 1012 SPRING MEADOW DR KISSIMMEE FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Burnworth, Linda 1012 Spring Meadow Drive Kissimmee, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS MILLER, SHIRLEY 1015 SPRING MEADOW DRIVE KISSIMMEE FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lusardi, Alice 1107 Spring Meadow Drive Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARDEN, ROBERTA 37 LIND AVE KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Warden, Roberta 37 Lind Ave Kissimmee, FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BULONE, THOMAS 1028 SPRING MEADOW DR OCALA FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Bulone, Thomas 1028 Spring Meadow Drive Kissimmee, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADLER, RHODA 1010 SPRING MEADOW DR KISSIMMEE FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bulone, Deborah 1028 Spring Meadow Drive Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **Thomas Bulone, Thomas Bulone, President 1/6/03 (407)847-4163**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)