## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # N01000003878



**FILED** Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90201 043 \*\*\*\*61.25

1. Entity Nam SPRING		DINTE COMMUNIT	TY ASSO	OCIATION, IN	с.							
STE 110 STE 110				N LAKE DESTINY D	DESTINY DR			TOUR PLANTS TO SERVICE				
Principal Place of Business - No P.O. Box #     3. Mailing Address				ing Address		<del></del>						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02142007	Chg-NP	CR2E03	7 (12/06)			
City & State			City & State			4. FEI Number         Applied For           59-3758773         Not Applicable						
Zip	Zip Country		Zip	Zip Cou		ry	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
6. Name and Address of Current Reg			Registere				7. Name and A	ddress of New R	egistered A	gent		
WEBB, ROBIN L 901 N LAKE DESTINY DR STE 110 MAITLAND, FL 32751					L	Name Street Address (P.O. Box Number is Not Acceptable)						
				City					FL	Zip Code		
	named entiti tions of regist	y submits this statement for tered agent.	or the purp	ose of changing its r	registered	office or registr	ered agent, or both,	in the State of Fig		amiliar with,	and accept	
SIGNATURE												
		<u></u>			- Tiograter Corr.		oo morralistatiing)	<u> </u>				
	_	e is \$61.25 Nay 1, 2007		9. Election Cam Trust Fund Co	paign Fina	ancing _	\$5.00 May Be Added to Fees		ake check	payable to ment of St		
10.	Due by N		RECTORS	9. Election Cam	paign Fina	ancing _	\$5.00 May Be	Flor	ake check ida Depart	ment of St	ate	
TITLE	Due by N	OFFICERS AND DI	RECTORS	9. Election Cam	paign Fina ontribution	ancing	\$5.00 May Be Added to Fees	Flor	ake check ida Depart	ment of St	ate	
TITLE NAME STREET ADDRESS	PS GONZALE 233 MAIS	OFFICERS AND DIEZ, HORACIO		9. Election Cam Trust Fund Co	paign Fina ontribution 11. TITLE NAME STREET	ancing	\$5.00 May Be Added to Fees	Flor	ake check ida Depart	ment of St	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pa GONZALE 233 MAIS ALTAMOR	OFFICERS AND DI		9. Election Cam Trust Fund Co	11. TITLE NAME STREET	ADDRESS 1-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHAN YE CHOY	Flor	ake check ida Depart	ment of St RECTORS IN Marchange	10 Addition	
TITLE NAME STREET ADDRESS	PS GONZALE 233 MAIS ALTAMON	OFFICERS AND DI OFFICERS AND DI EZ, HORACIO ON CRT NTE SPRINGS, FL 32		9. Election Cam Trust Fund Co	paign Fina ontribution 11. TITLE NAME STREET	ADDRESS 1-ZIP	\$5.00 May Be Added to Fees	Flor	ake check ida Depart	ment of St	ate	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PS GONZALE 233 MAIS ALTAMOR TS CARELLI, 230 MAIS ALTAMOR DS	OFFICERS AND DI  OFFICERS AND DI  EZ, HORACIO SON CRT NTE SPRINGS, FL 32  MARK ON COURT NTE SPRINGS, FL 32	714	9. Election Cam Trust Fund Co	paign Fina ontribution  11.  TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP  ADDRESS 1-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHAN YE CHOY	Flor	ake check ida Depart RS AND DIF	ment of St RECTORS IN Marchange	10 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PS GONZALE 233 MAIS ALTAMON DS ROSENBI 1460 MAY WINTER I	OFFICERS AND DI  EZ, HORACIO SON CRT NTE SPRINGS, FL 32  MARK SON COURT NTE SPRINGS, FL 32  ERG, JON (FIELD AVE PARK, FL 32789	714	9. Election Cam Trust Fund Co	paign Fina ontribution  11.  TITLE NAME STREET CITY-ST  TITLE NAME STREET CITY-ST  TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP  ADDRESS 1-ZIP  VIC	\$5.00 May Be Added to Fees  ADDITIONS/CHAN  RECTOR  Sident	Flor	ake check ida Depart RS AND DIF	ment of St RECTORS IN Change	10 Addition	
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Increase y certify may the information supplied with this filling does not qualify for the exemptions contained 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 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.

MARIC (
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK CARELLI

401 998-4175

4-24-2007

Daytime Phone if