2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37553

FILED Apr 08, 2009 Secretary of State

Entity Name: THE OAKS OF SPRING HILL HOMEOWNERS ASSOCIATION, INC.

	rincipal Place	of Business:	New Principal Place	of Business:	
13301 CEC SPRING H	IILCT. IILL, FL 34609	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	VRENCE ST. IILL, FL 346098	973 US			
El Number:	: 59-3010946	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	urrent Registered Agent:	Name and Address	of New Registered Agent:	
13301 ĆE(OBERT O DIL CT. IILL, FL 34609	US			
	named entity su e of Florida.	ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	c Signature of Registered Age	nt		
OFFICERS AND DIRECTORS:			TIL	Date	
OFFICERS				Date ES TO OFFICERS AND DIRECTORS:	
Γitle: √ame: √ddress:	S AND DIRECT	ORS: Delete R N DR			
DFFICER: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip:	PD () I JOHNSON, PAUL 6259 SEBASTIAI SPRING HILL, FI	CORS: Delete R N DR L 34609 Delete V	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Name: Name: Name: Name:	PD () I JOHNSON, PAUL 6259 SEBASTIAI SPRING HILL, FI VD () I BLOOM, JOHN V 6101 KRISTA DE SPRING HILL, FI	ORS: Delete R N DR L 34609 Delete V R L 34609 Delete R.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTORS: () Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD () I JOHNSON, PAUL 6259 SEBASTIAI SPRING HILL, FI VD () I BLOOM, JOHN V 6101 KRISTA DE SPRING HILL, FI SD () I HEISE, ANNA 6126 KRISTA DE SPRING HILL, FI	CORS: Delete R N DR L 34609 Delete V R L 34609 Delete R L 34609 Delete T O	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	ES TO OFFICERS AND DIRECTORS: () Change () Addition () Change () Addition	

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: ROBERT O FLOHR TD 04/08/2009