


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90003 007 \*\*\*\*61.25

<b>DOCUMENT # N96000003920</b>							
1. Entity Name SPRINGHILLS TRANSPORTATION AND BOTANICAL WATER GARDENS ASSOCIATION, INC.							
Principal Place of Business 3700 N.W. 91ST STREET #A-100 GAINESVILLE, FL 32606			Mailing Address 3700 N.W. 91ST STREET #A-100 GAINESVILLE, FL 32606				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SONTAG, SANDRA H 3700 N.W. 91ST STREET #A-100 GAINESVILLE, FL 32606			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 _____		DATE _____					
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT (if applicable)		SIGNATURE AND TYPED OR PRINTED NAME OF NEW REGISTERED AGENT (if applicable)		DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DST	<input type="checkbox"/> Delete	TITLE	D / PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SONTAG, SANDRA H		NAME	SONTAG, SANDRA H			
STREET ADDRESS	4103 NW 133RD ST.		STREET ADDRESS	3700 NW 91 ST			
CITY- ST- ZIP	GAINESVILLE, FL 32606		CITY- ST- ZIP	GAINESVILLE, FL 32606			
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D / SEC / TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAUFLER, EUGENE B		NAME	RONALD LOCKE			
STREET ADDRESS	3700 N.W. 91ST STREET #A-100		STREET ADDRESS	3700 NW 91 ST			
CITY- ST- ZIP	GAINESVILLE, FL 32606		CITY- ST- ZIP	GAINESVILLE, FL 32606			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D / VICE PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BULLARD, JAN		NAME	GUY YORK			
STREET ADDRESS	3000 N.W. 83RD STREET BLDG. F250		STREET ADDRESS	3000 NW 83 ST BUILDING E # 238			
CITY- ST- ZIP	GAINESVILLE, FL 32606		CITY- ST- ZIP	GAINESVILLE, FL 32606			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BREITENGER, SHARON		NAME	Tim Bowen			
STREET ADDRESS	4300 NW 89TH BLVD		STREET ADDRESS	4300 NW 89 Blvd			
CITY- ST- ZIP	GAINESVILLE, FL 32606		CITY- ST- ZIP	GAINESVILLE, FL 32606			
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RANKIN, LES		NAME				
STREET ADDRESS	4300 NW 89TH BLVD		STREET ADDRESS				
CITY- ST- ZIP	GAINESVILLE, FL 32606		CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Sandra H. Sontag</i>		Date: 5/23/05		352 376 3336			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Desktop Phone #			