


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000003920					
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		4. FEJ Number 59-3405515	
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SONTAG, SANDRA H	NAME			
STREET ADDRESS	3700 NW 91ST	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP			
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOCKE, RONALD	NAME			
STREET ADDRESS	3700 NW 91 ST	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YORK, GUY	NAME			
STREET ADDRESS	3000 NW 83 ST BUILDING E #238	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BREITENGER, SHARON	NAME			
STREET ADDRESS	4300 NW 89TH BLVD	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWEN, TIM	NAME			
STREET ADDRESS	4300 NW 89 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 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 817, 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: <u><i>Oscon Hauke</i></u>				Date <u>4/27/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	



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