

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90108 050 ****61.25

0010371

DOCUMENT # N96000003920



1. Entity Name
SPRINGHILLS TRANSPORTATION AND BOTANICAL WATER GARDENS ASSOCIATION, INC.

Principal Place of Business Mailing Address
3700 N.W. 91ST STREET #A-100 **3700 N.W. 91ST STREET #A-100**
GAINESVILLE FL 32606 **GAINESVILLE FL 32606**

10074051



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3405515** Applied For
Not Applicable

5. Certificate of Status Desired **\$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 _____ (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	DST	<input type="checkbox"/> Delete
NAME	SONTAG, SANDRA H	
STREET ADDRESS	13130 N.W. 39TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HAUFLER, EUGENE B	
STREET ADDRESS	3700 N.W. 91ST STREET #A-100	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLARD, JAN	
STREET ADDRESS	3000 N.W. 83RD STREET BLDG. F250	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREITENGER, SHARON	
STREET ADDRESS	4300 NW 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RANKIN, LES	
STREET ADDRESS	4300 NW 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: **SIGNATURE REQUIRED Sandra H. Sontag 4/12/03 3523763336**

CR2E037 (10/02)