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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90139 018 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N96000005906

1. Corporation Name

NARPM CHAPTER CORPORATION - SPRING HILL CHAPTER

Principal Place of Business

% SPRING HILL RENTALS, INC.  
 1225 KASS CIRCLE  
 SPRING HILL FL 34606

Mailing Address

PO BOX 5944  
 SPRING HILL FL 34611  
 US



2. Principal Place of Business

2a. Mailing Address

21 Spring Hill Realty, Inc 26 Narpm Chapter Corp

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 13715 Linden Dr

27 PO Box 5944

City &amp; State

City &amp; State

23 Spring Hill, FL

28 Spring Hill, FL

Zip

Country

Zip

Country

24 34609

25

USA

29 34611

30

USA

3. Date Incorporated or Qualified

11/19/1996

4. FEI Number

59-3432537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75. Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDS, DANIEL  
 % SPRING HILL RENTALS, INC.  
 1225 KASS CIRCLE  
 SPRING HILL FL 34606

81 Name

Sally Plummer

82 Street Address (P.O. Box Number is Not Acceptable)

Spring Hill Realty, Inc

83

13715 Linden Dr

84 City

Spring Hill,

FL

85

Zip Code 34609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☒ DELETE  
 NAME RICHARDS, DANIEL  
 STREET ADDRESS % 1225 KASS CIRCLE  
 CITY-ST-ZIP SPRING HILL FL 34606

1.1 TITLE TD ☒ Change ☐ Addition  
 1.2 NAME DONNA BENNETT  
 1.3 STREET ADDRESS c/o 2178 Mariner Bvd  
 1.4 CITY-ST-ZIP Spring Hill, FL 34609

TITLE SD ☒ DELETE  
 NAME ANKERS, SALLY  
 STREET ADDRESS % 1225 KASS CIRCLE  
 CITY-ST-ZIP SPRING HILL FL 34606

2.1 TITLE SD ☒ Change ☐ Addition  
 2.2 NAME JEANNE GAVISH  
 2.3 STREET ADDRESS c/o 4098 Commercial Way  
 2.4 CITY-ST-ZIP Spring Hill, FL 34606

TITLE TD ☒ DELETE  
 NAME WILSON, LINDA  
 STREET ADDRESS % 1225 KASS CIRCLE  
 CITY-ST-ZIP SPRING HILL FL 34606

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
 NAME PLUMMER, SALLY  
 STREET ADDRESS % 1225 KASS CIRCLE  
 CITY-ST-ZIP SPRING HILL FL 34606

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE  
 NAME BUEKERT, MARIE  
 STREET ADDRESS 8406 MASSACHUSETTS AVE., STE B #1  
 CITY-ST-ZIP NEW PORT RICHEY FL 34653

5.1 TITLE VPD ☒ Change ☐ Addition  
 5.2 NAME JAMES WADDELL  
 5.3 STREET ADDRESS 9108 US HWY 19  
 5.4 CITY-ST-ZIP New Port Richey, FL 34668

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sally Plummer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-99

Daytime Phone #

352/683-2251

CR2E037 (11/98)