


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 06, 2004 8:00 am
Secretary of State

04-09-2004 90048 015 ****61.25

DOCUMENT # N98000002328			
1. Entity Name THE NEW JERSEY CLUB OF SPRING HILL, INC.			
Principal Place of Business ANTHONY D'AMORE 11405 SAND HILL AVE SPRING HILL FL 34608 3315 DOTHAN AVE SPRINGHILL FL 34609		Mailing Address 11405 SAND HILL AVE SPRING HILL FL 34608	
2. Principal Place of Business BUNNY STASOLLA Suite, Apt. #, etc. 8903 THOREAU PL.		3. Mailing Address SAME Suite, Apt. #, etc. SAME	
City & State HUDSON FL.		City & State SAME	
Zip 34608	Country PASCO	Zip SAME	Country C
4. FEI Number NO-T APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent PORTER, DALE H 11405 SAND HILL AVE SPRING HILL FL 34608 ANTHONY D'AMORE 3315 DOTHAN AVE SPRINGHILL FL 34609		7. Name and Address of New Registered Agent Name BUNNY STASOLLA Street Address (P.O. Box Number is Not Acceptable) 8903 THOREAU PL. City HUDSON FL Zip Code 34608	
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: <i>Anthony D'Amore</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY - ST - ZIP	P PORTER, DALE H 11405 SAND HILL AVE SPRING HILL FL 34608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUNNY STASOLLA 8903 THOREAU PL. HUDSON FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAMORE, ANTHONY 3315 DOTHAN AVE SPRING HILL FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAWLOR, EVELYN 10087 LENOX BLVD WEEKI WACHEE FL 34613 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHARREN SARGENT 302A, MANDRELL AVE SPRING HILL FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DWYER, GEORGE 5145 PANTHER DR SPRING HILL FL 34607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARIA NIELSON 1010 ARCHWAY DR. SPRINGHILL FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOC SIS, BARBARA 5233 HAMLET ST SPRING HILL FL 34608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANK TINE 3083, DUMAS AVE SPRINGHILL FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lines empowered.			
SIGNATURE: <i>Anthony D'Amore</i>		4/7/04 352-683-8752	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	