


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90273 006 \*\*\*\*61.25

DOCUMENT # N98000002328			
1. Entity Name THE NEW JERSEY CLUB OF SPRING HILL, INC.			
Principal Place of Business ANTHONY DIAMORE 3315 DOTHAN AVE SPRING HILL FL 34609		Mailing Address ANTHONY DIAMORE 3315 DOTHAN AVE SPRING HILL FL 34609	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  D'AMORE, ANTHONY 3315 DOTHAN AVE SPRING HILL FL 34609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>			

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STASOLLA, BUNNY 8903 THOREAU PL. HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>JAMES GRECCO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12286 BAYLEY ST.</b> <b>SPRINGHILL, FL. 34608</b>
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 SPARCZYK, MAUREEN 3024 MANDRELL AVE SPRING HILL FL 34608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. <b>ANITA BARALL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5227 FAIRHAVEN AVE</b> <b>SPRINGHILL FL. 34608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIELSON, MARIA 1010 ARCHWAY DR. SPRING HILL FL 34608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <b>RICHARD WITLIA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10047 HOYWARD RD.</b> <b>SPRINGHILL FL. 34608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINE, FRANK 3083 DUMAS 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	<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 exemptions contained in Section 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 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: *Anthony D'Amore* ANTHONY D'AMORE 3/17/06 352-683-8752