
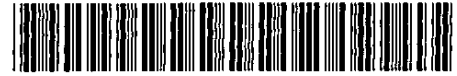


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000002328</b> 1. Entity Name <b>THE NEW JERSEY CLUB OF SPRING HILL, INC.</b>	
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Principal Place of Business <b>ANTHONY DIAMORE</b> <b>3315 DOTHAN AVE</b> <b>SPRING HILL FL 34609</b>	Mailing Address <b>ANTHONY DIAMORE</b> <b>3315 DOTHAN AVE</b> <b>SPRING HILL FL 34609</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE      CR2E037 (10/06)

City & State Zip      Country	City & State Zip      Country
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4. FEI Number <p style="text-align: center; font-weight: bold;">NO-T APPLICABLE</p>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>D'AMORE, ANTHONY</b> <b>3315 DOTHAN AVE</b> <b>SPRING HILL FL 34609</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	GRECCO, JAMES	
STREET ADDRESS	12286 BAXLEY ST	
CITY-STATE-ZIP	SPRING HILL FL 34608	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAMORE, ANTHONY	
STREET ADDRESS	3315 DOTHAN AVE	
CITY-STATE-ZIP	SPRING HILL FL 34609	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARALL, ANITA	
STREET ADDRESS	5227 FAIRHAVEN AVE	
CITY-STATE-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	WITTLIF, RICHARD	
STREET ADDRESS	10047 HAYWARD RD	
CITY-STATE-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	TINE, FRANK	
STREET ADDRESS	3083 DUMAS AVE	
CITY-STATE-ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**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**    1/30/07    (352) 693-8752