

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90024 041 ****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

40020400



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 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 **ADOLPH WALTERS**
 Street Address (P.O. Box Number is Not Acceptable)
2612 HIDDEN PINES DRIVE
 City **SPRING HILL** FL Zip Code **34606**

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 *Adolph Walters* DATE 2/6/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TREASURER ADOLPH WALTERS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2612 HIDDEN PINES DR	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TODD BARALL V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5227 FAIRHAVEN AVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Adolph Walters* DATE 2/6/08 352-648-8086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #