
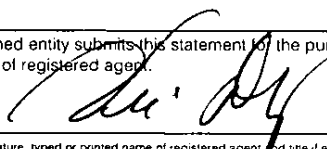
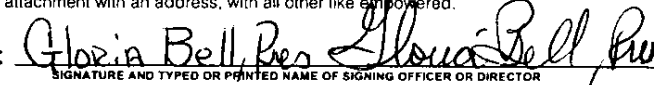


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90052 028 \*\*\*\*61.25

DOCUMENT # N99000000983			
1. Entity Name SPRING GLEN HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806		Mailing Address 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806	
2. Principal Place of Business - No P.O. Box # clo World of Homes Suite, Apt. #, etc. 2884 S. Osceola Avenue City & State Orlando, FL Zip 32806 Country USA		3. Mailing Address clo World of Homes Suite, Apt. #, etc. 2884 S. Osceola Avenue City & State Orlando, FL Zip 32806 Country USA	
4. FEI Number 90-0065055		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERDINANDSEN ENTERPRISES D/B/A WORLD OF HOMES 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name: Street: City: FL 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 understand, the obligations of registered agent.			
SIGNATURE: 		DATE: 1-18-08	
Filing Fee is \$61.25 Due by May 1, 2008		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	
T WEBSTER, KENNETH 122 SPRING GLEN DRIVE DEBARY, FL 32713	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P BELL, GLORIA 51 SPRING GLEN DRIVE DEBARY, FL 32713	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S HARPER, EDDIE 17 SPRING GLEN DRIVE DEBARY, FL 32713	<input type="checkbox"/> Delete	VP Harper, Eddie 17 Spring Glen Dr. Debary, FL 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D RITTER, KAREN 7 SPRING GLEN DRIVE DEBARY, FL 32713	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GILLEN, DAVID 96 SPRING GLEN DRIVE DEBARY, FL 32713	<input type="checkbox"/> Delete	Sec. Treas. Gillip, David 96 Spring Glen Dr Debary FL 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	DEBARY FL 32713	<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 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: 		Date: Jan 15-2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	