2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N99000003368



FILED

Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90168 012 ****61.25

	SPRINGS RESERVE ATION, INC.	HOMEOWN	ERS						
Principal Place of Business 2884 S. OSCEOLA AVENUE 0RLANDO, FL 32806 Mailing Address 2884 S. OSCEOLA AVENUE 0RLANDO, FL 32806				NUE		UU 1			
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc		Su	Suite, Apt. #, etc.		01272007	Chg-NP	CR2E037	7 (12/06)	
City & State		Ci	City & State		4. FEI Number 59-3580:	519			oplied For ot Applicable
Zip	···	Country Zip		Country	5. Certificate of Status Desire			8.75 Add ee Require	
Name and Address of Current Registered Agent					7. Name and A	ddress of New F	Registered A	gent	
CEDDINA.	NOCEN ENTERPRISES	INIC		Name					
FERDINANDSEN ENTERPRISES, INC. 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806				Street Addr	Streel Address (P.O. Box Number is Not Acceptable)				
				City			FL	Zip Cod	le .
8. The above	named entity submits this state	ement for the purp	ose of changing its	registered office or reg	gistered agent, or both,	in the State of FI		miliar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE	Signature Typed or printed name of regist	fered agent and title £ aos	okcable (NOT)	f. Registered Agent signature re	equired when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007		Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
	_			· · · -	\$5.00 May Be Added to Fees				
10.	Due by May 1, 2007	AND DIRECTORS		· · · -	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flo	rida Departn	nent of St	tate —-
10 .	Due by May 1, 2007	AND DIRECTORS		Contribution		Flo	rida Departn	nent of St	tate
TITLE NAME	OFFICERS P SCHULTE, JOE	AND DIRECTORS	Trust Fund (11. IIILE NAME		Flo	rida Departn	CTORS IN	tate
TITLE NAME STREET ADDRESS	OFFICERS P SCHULTE, JOE 501 WEKIVA BLUFF ST	AND DIRECTORS	Trust Fund (11. IIILE NAME STREET ADDRESS		Flo	rida Departn	CTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS P SCHULTE, JOE 501 WEKIVA BLUFF ST APOPKA, FL 32712	AND DIRECTORS	Trust Fund C	T11. IIILE NAME STREET ADDRESS CITY-ST-ZIP		Flo	rida Departn	nent of St ECTORS IN	f 10 Addition
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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 pither like empowered.

M OF SIGNING OFFICER OR DIRECTOR