## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 725510** 

Entity Name: SPRING MEADOW ASSOCIATION, INC.

**FILED** Apr 09, 2024 **Secretary of State** 7044979881CC

## **Current Principal Place of Business:**

SPRING MEADOW ASSOCIATION, INC.

999 SPRING MEADOW DR. KISSIMMEE, FL 34741

## **Current Mailing Address:**

SPRING MEADOW ASSOCIATION, INC. 999 SPRING MEADOW DR. KISSIMMEE, FL 34741 US

FEI Number: 59-1952153 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CRUZ, RAMONA SPRING MEADOW ASSOCIATION, INC. 999 SPRING MEADOW DR. KISSIMMEE, FL 34741 US

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.

SIGNATURE: RAMONA CRUZ 04/09/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

INC.

Title **PRESIDENT** Title SECRETARY Name CRUZ, RAMONA Name GREEN, DIANNE

SPRING MEADOW ASSOCIATION, Address SPRING MEADOW ASSOCIATION, Address

INC.

999 SPRING MEADOW DR. 999 SPRING MEADOW DR.

KISSIMMEE FL 34741 City-State-Zip: City-State-Zip: KISSIMMEE FL 34741

VΡ Title **TREASURER** Title

DAVIS, ELEATHA COLLINS, JASON Name Name

Address SPRING MEADOW ASSOCIATION, Address SPRING MEADOW ASSOCIATION, INC. INC.

999 SPRING MEADOW DR. 999 SPRING MEADOW DR. KISSIMMEE FL 34741 City-State-Zip: KISSIMMEE FL 34741

City-State-Zip:

**DIRECTOR** 

Name ADLER, RHODA Name MITCHELL, KRISTEN

SPRING MEADOW ASSOCIATION, Address SPRING MEADOW ASSOCIATION, Address INC.

999 SPRING MEADOW DR. 999 SPRING MEADOW DR.

Title

DIRECTOR

City-State-Zip: KISSIMMEE FL 34741 City-State-Zip: KISSIMMEE FL 34741

Title **DIRECTOR** 

Title

MITCHELL, DUSTIN Name

SPRING MEADOW ASSOCIATION, Address

INC.

999 SPRING MEADOW DR.

KISSIMMEE FL 34741 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

04/09/2024 SIGNATURE: RAMONA CRUZ PRESIDENT