

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725510

FILED
Jan 15, 2020
Secretary of State
4232448716CC

Entity Name: SPRING MEADOW ASSOCIATION, INC.

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:

ROLLINS, JOAN
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: JOAN ROLLINS

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name ROLLINS, JOAN
Address SPRING MEADOW ASSOCIATION,
 INC.
 999 SPRING MEADOW DR.
City-State-Zip: KISSIMMEE FL 34741

Title SECRETARY
Name GREEN, DIANNE
Address SPRING MEADOW ASSOCIATION,
 INC.
 999 SPRING MEADOW DR.
City-State-Zip: KISSIMMEE FL 34741

Title VP
Name HOPPEN, LANE
Address SPRING MEADOW ASSOCIATION,
 INC.
 999 SPRING MEADOW DR.
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR
Name CRUZ, RAMONA
Address SPRING MEADOW ASSOCIATION,
 INC.
 999 SPRING MEADOW DR.
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR
Name ADLER, RHODA
Address SPRING MEADOW ASSOCIATION,
 INC.
 999 SPRING MEADOW DR.
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR
Name ALEJANDRO, DEBORAH
Address SPRING MEADOW ASSOCIATION,
 INC.
 999 SPRING MEADOW DR.
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR
Name LAUREANO, EDWIN
Address SPRING MEADOW ASSOCIATION,
 INC.
 999 SPRING MEADOW DR.
City-State-Zip: KISSIMMEE FL 34741

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.

SIGNATURE: LANE HOPPEN

VICE PRESIDENT

01/15/2020

