

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725510

FILED
Jan 05, 2016
Secretary of State
CC7024179771

Entity Name: SPRING MEADOW ASSOCIATION, INC.

Current Principal Place of Business:

C/O BLUE WATER COMMUNITY MANAGEMENT
4735 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769

Current Mailing Address:

C/O BLUE WATER COMMUNITY MANAGEMENT
4735 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769 US

FEI Number: 59-1952153

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DONNIE, MARTINEZ
4735 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769 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: DONNIE MARTINEZ

01/05/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name ROLLINS, JOAN
Address C/O BLUE WATER COMMUNITY
 MANAGEMENT
 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title SECRETARY
Name GREEN, DIANNE
Address C/O BLUE WATER COMMUNITY
 MANAGEMENT
 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title VP
Name HOPPEN, LANE
Address C/O BLUE WATER COMMUNITY
 MANAGEMENT
 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title TREASURER
Name ROLLINS, JOAN
Address C/O BLUE WATER COMMUNITY
 MANAGEMENT
 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title DIRECTOR
Name CRUZ, RAMONA
Address C/O BLUE WATER COMMUNITY
 MANAGEMENT
 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title DIRECTOR
Name ADLER, RHODA
Address C/O BLUE WATER COMMUNITY
 MANAGEMENT
 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title DIRECTOR
Name STORM, JANICE
Address C/O BLUE WATER COMMUNITY
 MANAGEMENT
 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

Title DIRECTOR
Name AUSTIN, WILL
Address C/O BLUE WATER COMMUNITY
 MANAGEMENT
 4735 OLD CANOE CREEK ROAD
City-State-Zip: SAINT CLOUD FL 34769

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: JOAN ROLLINS

PRESIDENT

01/05/2016

Electronic Signature of Signing Officer/Director Detail

Date