2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 725510

Entity Name: SPRING MEADOW ASSOCIATION, INC.

FILED Mar 14, 2019 **Secretary of State** 2541203405CR

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 03/14/2019

> Date Electronic Signature of Registered Agent

> > INC.

Officer/Director Detail:

Title PRESIDENT, TREASURER Title SECRETARY Name ROLLINS, JOAN Name GREEN, DIANNE

SPRING MEADOW ASSOCIATION, SPRING MEADOW ASSOCIATION, Address Address

999 SPRING MEADOW DR. 999 SPRING MEADOW DR.

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

VΡ **DIRECTOR** Title Title

HOPPEN, LANE CRUZ, RAMONA Name Name

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

999 SPRING MEADOW DR. 999 SPRING MEADOW DR.

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

Title **DIRECTOR** Name ADLER, RHODA

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.

03/14/2019 SIGNATURE: JOAN ROLLINS **PRESIDENT**