

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010136

**Entity Name:** SPRING RUN CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

9501 SPRING RUN BOULEVARD  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

9501 SPRING RUN BOULEVARD  
BONITA SPRINGS, FL 34135

**FEI Number:** 26-3813716

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CHADWICK, JACK  
9136 SPRING RUN BOULEVARD  
BONITA SPRINGS, FL 34135 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:** JACK CHADWICK

01/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name CHADWICK, JACK  
Address 9136 SPRING RUN BOULEVARD  
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER  
Name SCHWARTZ, DONALD  
Address 23780 CLEAR SPRINGS COURT  
UNIT 1501  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name CUNNINGHAM, LUKE  
Address 23973 CREEK BRANCH LANE  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name FITZGERALD, JOHN  
Address 9230 SPRING RUN BOULEVARD  
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY  
Name HORVATH, KATHLEEN  
Address 9020 SPRING RUN BOULEVARD  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name BLAKE, EDWARD  
Address 23536 SANDYCREEK TERR., # 410  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name SCHAEFER, CHRISTOPHER  
Address 23765 CLEAR SPRING CT. # 2502  
City-State-Zip: BONITA SPRINGS FL 34135

Title VP  
Name FITZGERALD, PATRICIA  
Address 9230 SPRING RUN BLVD.  
City-State-Zip: BONITA SPRINGS FL 34135

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*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:** DONALD M. SCHWARTZ

TREASURER

01/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BUTLER, JACK  
Address 23717 CREEK BRANCH LANE  
City-State-Zip: ESTERO FL 34135

Title DIRECTOR  
Name LUTKIEWICZ, CAROL  
Address 23780 CLEAR SPRING COURT # 1503  
City-State-Zip: ESTERO FL 34135

Title DIRECTOR  
Name CROSSON, ELAINE  
Address 9093 SPRING RUN BLVD.  
City-State-Zip: ESTERO FL 34135

Title DIRECTOR  
Name LEPCHITZ, NATHALYNN  
Address 23672 STONYRIVER PLACE  
City-State-Zip: ESTERO FL 34135