

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712753

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: 520 SPRING AVENUE, INC.

## Current Principal Place of Business:

520 SPRING AVE  
ANNA MARIA, FL 34216 US

## New Principal Place of Business:

## Current Mailing Address:

C/O LYN UENDER  
1218 N DACATUR RD  
ATLANTA, GA 30306 US

## New Mailing Address:

C/O LYNN PFAENDER  
1218 N DECATUR RD  
ATLANTA, GA 30306 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROOKS, SANDRA  
1802 WOODY DR  
WINDERMERE, FL 34786 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCINERNEY, GEORGE  
Address: 2716 SEASPRAY ST  
City-St-Zip: SARASOTA, FL 34231

Title: SD ( ) Delete  
Name: BROOKS, SANDRA  
Address: 1802 WOODY DR  
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete  
Name: BORDENAVE, ANNE MARIE  
Address: P.O. BOX 911  
City-St-Zip: ANNA MARIA, FL 34216

Title: D ( ) Delete  
Name: CAIN, PAT  
Address: 520 SPRING AVE  
City-St-Zip: ANNA MARIA, FL 34216

Title: TD ( ) Delete  
Name: PFAENDER, LYNN  
Address: 1218 N DECATUR RD  
City-St-Zip: ATLANTA, GA 30306

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LYNN PFAENDER

TREA

01/16/2009

Electronic Signature of Signing Officer or Director

Date