

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712753

**FILED**  
**Feb 22, 2011**  
**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 LYNN PFAENDER  
1218 N DECATUR RD  
ATLANTA, GA 30306 US

**New Mailing Address:**

**FEI Number:** 26-1305453      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCINERNEY, GEORGE DIREC  
2716 SEASPRAY ST  
SARASOTA, FL 34231 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  
Name: MCINERNEY, GEORGE  
Address: 2716 SEASPRAY ST  
City-St-Zip: SARASOTA, FL 34231

Title: D  
Name: GRAY, JOAN  
Address: PO BOX 792  
City-St-Zip: ANNA MARIA, FL 34216

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

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

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

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: LYNN PFAENDER

TD

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date