

FILE NOW: FILING FEE IS \$61.25

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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715699 (5)
1. Corporation Name
THE SPRING HILL CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business 1202 KENLAKE AVENUE P.O. BOX 3092 SPRING HILL FL 34806	Mailing Address 1202 KENLAKE AVENUE P.O. BOX 3092 SPRING HILL FL 34806
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 12/11/1968
4. FEI Number 59-6223785
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BEVINS, DOUGLAS G. 143 SOUTH MAIN STREET BROOKSVILLE FL 34801	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MILLER, MORTY	1.1 TITLE BD	Miller, Monty
NAME 117 LODGE CIRCLE		1.2 NAME 117 Lodge Circle	
STREET ADDRESS SPRING HILL FL		1.3 STREET ADDRESS Spring Hill, FL	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	VAPOREAN, MARY	2.1 TITLE TD	Vaporean, Mary
NAME 11335 CORRIGAN ST		2.2 NAME 11335 Corrigan St.	
STREET ADDRESS SPRING HILL FL		2.3 STREET ADDRESS Spring Hill, FL	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE BD	FLACK, JOHN	3.1 TITLE BD	Flack, John
NAME 9418 SWISS RD.		3.2 NAME Same	
STREET ADDRESS SPRING HILL FL		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE BD	WHITE, THERESE	4.1 TITLE BD	White, Therese
NAME 2451 APPIAN WAY		4.2 NAME Same	
STREET ADDRESS SPRING HILL FL		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE BD	BOUMA, GRACE	5.1 TITLE BD	Bouma, Grace
NAME 6508 MAYHILL CT		5.2 NAME Same	
STREET ADDRESS SPRING HILL FL		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE TD	MCLAUGHLIN, JAMES J	6.1 TITLE PD	McLaughlin, James J
NAME 9342 MALLARD ST		6.2 NAME 9342 Mallard St	
STREET ADDRESS SPRING HILL FL		6.3 STREET ADDRESS Spring Hill FL	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **7/13/98** **352-688-1016**

CR2E037 (10/97)