

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90127 031 ****70.00

DOCUMENT # 715699

1. Entity Name

SPRING HILL COMMUNITY ASSOC, INC.



Principal Place of Business

1202 KENLAKE AVENUE
SPRING HILL FL 34606

Mailing Address

P.O. BOX 3092
SPRING HILL FL 34611

24073170



MOORE

CR2E037 (11/03)

2. Principal Place of Business

1202 KENLAKE

Suite, Apt. #, etc.

THE LAKE HOUSE

3. Mailing Address

P.O. BOX 3092

Suite, Apt. #, etc.

CITY & STATE
SPRING HILL, FL.

4. FEI Number

59-6223785

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILL, KI
8028 SPRING HILL DR
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name GRACE MORALES

Street Address (P.O. Box Number is Not Acceptable)

3066 WATERFALL DR.

City

SPRING HILL

FL

Zip Code

34608

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Grace Morales, Treasurer

5-5-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

70⁰⁰

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME BOUFFARD, JIM
STREET ADDRESS 5434 ORTON AVE
CITY-ST-ZIP SPRING HILL FL 34608 ☒ Delete

TITLE D
NAME HAMMOND, PEGGY
STREET ADDRESS 2056 WHITEWOOD AVE
CITY-ST-ZIP SPRING HILL FL 34609 ☐ Delete

TITLE PD
NAME HILL, KI-
STREET ADDRESS 8028 SPRING HILL RD
CITY-ST-ZIP SPRING HILL FL 34606 ☒ Delete

TITLE RSD
NAME MORALES, GRACE
STREET ADDRESS 3066 WATERFALL DR
CITY-ST-ZIP SPRING HILL FL 34606 ☒ Delete

TITLE TD
NAME MORALES, PAUL
STREET ADDRESS 3066 WATERFALL DR
CITY-ST-ZIP SPRING HILL FL 34606 ☒ Delete

TITLE D
NAME FAGAN, PATRICK
STREET ADDRESS 10410 DUNKIRK RD
CITY-ST-ZIP SPRING HILL FL 34608 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES.
NAME JIM BOUFFARD
STREET ADDRESS 5434 ORTON AVE
CITY-ST-ZIP SPRING HILL, FL 34608 ☒ Change ☐ Addition

TITLE
NAME NICHOLAS ELEFANTE V.P.
STREET ADDRESS 6020 PINEHURST DR
CITY-ST-ZIP SPRING HILL, FL 34606 ☐ Change ☒ Addition

TITLE
NAME GRACE MORALES - TREAS.
STREET ADDRESS 3066 WATERFALL DR.
CITY-ST-ZIP SPRING HILL, FL 34608 ☒ Change ☐ Addition

TITLE
NAME PAUL MORALES R.S.
STREET ADDRESS 3066 WATERFALL DR.
CITY-ST-ZIP SPRING HILL, FL 34608 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Grace Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-04

Date

352-

666-4746

Daytime Phone #