

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90001 016 ****70.00

DOCUMENT # 715699

1. Entity Name
SPRING HILL COMMUNITY ASSOC, INC.



Principal Place of Business
**1202 KEN LAKE
THE LAKE HOUSE
SPRING HILL, FL 34606**

Mailing Address
**P.O. BOX 3092
SPRING HILL, FL 34611**

50053736



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06152005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6223785

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORALES, GRACE
3066 WATERFALL DR.
SPRING HILL, FL 34608**

Name

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

City

FL

Zip Code

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-22-05

**Filing Fee is \$61.25
Due by September 7, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **BOUFFARD, TIM**
STREET ADDRESS **5434 ORTON AVE**
CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **PRES** ☒ Change ☐ Addition
NAME **PATRICK FAGAN**
STREET ADDRESS **10410 DUNKIRK RD**
CITY-ST-ZIP **S.H. FL 34608**

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

TITLE **V.P.** ☒ Change ☐ Addition
NAME **ED LAWRENCE**
STREET ADDRESS **299 QUANE AVE**
CITY-ST-ZIP **S.H. FL 34608**

TITLE **VP** ☒ Delete
NAME **ELEFANTE, NICHOLAS**
STREET ADDRESS **6020 PINE HURST DR.**
CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **TREAS.** ☐ Change ☐ Addition
NAME **GRACE MORALES**
STREET ADDRESS **3066 WATERFALL DR.**
CITY-ST-ZIP **S.H. FL 34608**

TITLE **T** ☐ Delete
NAME **MORALES, GRACE**
STREET ADDRESS **3066 WATERFALL DR.**
CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **REC. SECY.** ☒ Change ☐ Addition
NAME **REVERLY GARNER**
STREET ADDRESS **3203 SEA GRAPE DR**
CITY-ST-ZIP **S.H. FL 34607**

TITLE **RS** ☒ Delete
NAME **MORALES, PAUL**
STREET ADDRESS **3066 WATERFALL DR.**
CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **COLLINS CONNER**
STREET ADDRESS **5516 NEWMARK ST**
CITY-ST-ZIP **S.H. FL 34606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

6-22-05

Date

352-666-4746

Daytime Phone #