## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#715699** 

FILED Feb 16, 2009 Secretary of State

Entity Name: SPRING HILL COMMUNITY ASSOC, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1202 KENLAKE AVE. SPRING HILL, FL 34606 US **Current Mailing Address: New Mailing Address:** P.O. BOX 3092 SPRING HILL, FL 34611 US FEI Number: 59-6223785 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LABBE, BEVERLY 6040 APPLEGATE DR. SPRING HILL, FL 34606 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition LAWRENCE, EDGAR J Name: Name: 299 QUANE AVE Address: Address: City-St-Zip: SPRING HILL, FL 34609 US City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: GOSNELL, JAMES Name: GAULA, DONNA M Address: 6277 DARIEN WAY Address: 3116 MARSHALL AVE City-St-Zip: SPRING HILL, FL 34606 US City-St-Zip: SPRING HILL, FL 34609 US Title: () Delete Title: () Change () Addition ADAMCZEWSKI, MARY E Name: Name: Address: 4126 REDWING DR. Address: City-St-Zip: SPRING HILL, FL 34606 US City-St-Zip: ( ) Delete Title: RS Title: RS (X) Change ( ) Addition WENTWORTH, LAURA Name: Name: SANVENERO, MARIA 13494 TWINBERRY DR Address: 4317 BELLAIRE DR. Address: City-St-Zip: HERNANDO BEACH, FL 34607 US City-St-Zip: SPRING HILL, FL 34609 US Title: () Delete Title: () Change () Addition RESO, BEVERLY Name: Name: 6 PINE DR Address: Address: City-St-Zip: HOMOSASSA, FL 34646 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GAULA, DONNA FERRIS, KIM Name: Name: Address: 3116 MARSHALL AVE. Address: 6423 TOLEDO ROAD SPRING HILL, FL 34606 US SPRING HILL, FL 34609 US City-St-Zip: 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: EDGAR J. LAWRENCE P 02/16/2009