


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90014 002 ****61.25

DOCUMENT # 720400 1. Entity Name THE SPRINGS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 400 WOODBRIDGE RD. LONGWOOD, FL 32779			Mailing Address 400 WOODBRIDGE RD. LONGWOOD, FL 32779		
2. Principal Place of Business - No P.O. Box # Same as Above			3. Mailing Address Same as Above		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 23-7160779	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KLEMM, RUSSELL E 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORTHUBER, DAVID DAVID 121 AUTUMN DR LONGWOOD, FL 32779		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, BOB 121 HIDDEN OAK DRIVE LONGWOOD, FL 32779		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEXANDROWICZ, JERRY 106 AUTUMN DR LONGWOOD, FL 32779		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, PATRICK PATRICK 311 PARTRIDGE LANE LONGWOOD, FL 32779		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSTON, ROBERT 100 AUTUMN DR LONGWOOD, FL 32779		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAKAR, BOB 125 RED CEDAR DRIVE LONGWOOD, FL 32779		<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sharon Parke 120 Woodmill Rd. Longwood, FL 32779		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kaiser, Ted 104 Weeping Elm Lane Longwood, FL 32779		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: R.M. JOHNSTON, Treasurer					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 6/27/08 Daytime Phone #: 407-862-3881					