

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90035 014 ****61.25

DOCUMENT # 724817 1. Entity Name SEVEN SPRINGS VILLAS ASSOCIATION, INC.						
Principal Place of Business 3610 TEESIDE DR NEW PORT RICHEY, FL 34655			Mailing Address 3610 TEESIDE DR NEW PORT RICHEY, FL 34655			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number 59-1508325		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DE FURIO, JAMES R 201 E KENNEDY BLVD SUITE 1460 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE		
Filing Fee is \$61.25 Due by May 1, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, ROBERT 9611 MIDIRON CT NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT 9611 MIDIRON CT. NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINNEGRO, DANIEL 3710 TROPHY BLVD NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINKAD, GORDON 3322 SCORECARD DR NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENDEAD, DOTTIE 3322 SCORECARD DR NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, T. JOHNSON 3358 SCORECARD DR NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOBUS, JOSEPH 3354 SCORECARD DR NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSEPH GANLEY 3633 TEESIDE DR NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, LEE 3358 SCORECARD DR NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorothy CRIPPEN 3920 TROPHY BLVD NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIMSON, THOMAS 3628 TEESIDE DR NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Donald Buhr 3423 TEESIDE DR NEW PORT RICHEY, FL 34655 <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 a other like empowered.						
SIGNATURE:				Date: 5/1/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #		

ATTACHMENT 40098277
~~#~~ 724817

Page Two
Form 724817
May 1, 2008

Seven Springs Villas Association, Inc.
3610 Teeside Drive
New Port Richey, FL 34655

There are two additional directors carried over from page one of this report.

D
Leon Pettit
3407 Teeside Drive
New Port Richey, FL 34655

Addition

D
Edward Benson
3627 Teeside Drive
New Port Richey, FL 34655

Addition