

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763121

FILED
Apr 17, 2009
Secretary of State

Entity Name: SPRING LAKE RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

C/O JOHN A. OBERG
17 SPRING LAKE WAY
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

519 SPRING LAKE RD
OCALA, FL 34472 US

New Mailing Address:

C/O JOHN A. OBERG
17 SPRING LAKE WAY
OCALA, FL 34472 US

FEI Number: 59-2189152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBERG, JOHN A
519 SPRING LAKE RD
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: OBERG, JOHN A
Address: 519 SPRING LAKE RD
City-St-Zip: OCALA, FL 34472

Title: TD () Delete
Name: OBERG, MERRILL
Address: 519 SPRING LAKE RD.
City-St-Zip: OCALA, FL 34472

Title: SD () Delete
Name: BURRELL, TAMMY
Address: 12 EMERALD CT
City-St-Zip: OCALA, FL 34472

Title: VD () Delete
Name: SMITH, DONALD
Address: 10 EMERALD CT
City-St-Zip: OCALA, FL 34472

Title: TRD () Delete
Name: SMITH, STANFORD
Address: 517 SPRING LANE RD
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOHN A, OBERG

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date