

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001614

FILED
Apr 16, 2009
Secretary of State

Entity Name: SPRING GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9491 SW 14TH AVE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

9491 SW 14TH AVE
OCALA, FL 34476

New Mailing Address:

FEI Number: 01-0621925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHCROFT, DAVID C
9491 SW 14TH AVE
OCALA, FL 34476 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: P () Delete
Name: STINE, JAMES
Address: 9392 SW 14 AVE
City-St-Zip: OCALA, FL 34476

Title: T () Delete
Name: WILLIAMS, THOMAS
Address: P.O. BOX 770471
City-St-Zip: OCALA, FL 34477

Title: S () Delete
Name: WILLIAMS, MARCIA
Address: P.O. BOX 770471
City-St-Zip: OCALA, FL 34477

Title: D () Delete
Name: ASHCROFT, DAVID
Address: 9491 SW 14 AVE
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: HOHENBERG, JARED
Address: 9290 SW 14 AVE
City-St-Zip: OCALA, FL 34476

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: THOMAS C WILLIAMS

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date