


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90296 032 ****61.25

DOCUMENT # N02853 1. Entity Name ILLINOIS CLUB OF SPRING HILL FLORIDA, INC.					
Principal Place of Business 6601 RIVER RUN BLVD SPRING HILL, FL 34607 US			Mailing Address 6601 RIVER RUN BLVD SPRING HILL, FL 34607 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2429518	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
UNTERBERG, WILLIAM J 6601 RIVER RUN BLVD SPRING HILL, FL 34607				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLEY, ROBERT		NAME	LOVERO, NICK	
STREET ADDRESS	2314 WHISPER WALK		STREET ADDRESS	231 PLANTER RD	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENDZIAK, JOSEPH		NAME		
STREET ADDRESS	1379 ARBUCKLE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUMA, GRACE		NAME	GODFREY, PAT	
STREET ADDRESS	6506 MAYHILL CT.		STREET ADDRESS	12005 THRASHER AVE	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP	WEEKI WACHEE, FL 34614	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNTERBERG, WILLIAM J		NAME		
STREET ADDRESS	6601 RIVER RUN BLVD		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34607		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>WILLIAM J. UNTERBERG</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6 MAY 2005 (352) 597-2249 Date Daytime Phone #		

30051028



05052005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

Fee Required

FL Zip Code