2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005
Secretary of State

DOCUMENT# N04000005025

Entity Name: SPRING GARDEN RANCH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

900 SPRING GARDEN RANCH ROAD #42
DELEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1682
DELEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 65-1243541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITTEAKER, DAVID
900 SPRING GARDEN RANCH ROAD #42
DELEON SPRINGS, FL 32130 US

Name and Address of New Registered Agent:

STULTS, BARBARA J
900 SPRING GARDEN RANCH ROAD #37
DELEON SPRINGS, FL 32130 US

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: BARBARA J. STULTS 03/01/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARDIMAN, ELIZABETH J
Address: 900 SPRING GARDEN RANCH ROAD #42
City-St-Zip: DELEON SPRINGS, FL 32130

Title: D ( ) Delete
Name: WHITTEAKER, DAVID A
Address: 900 SPRING GARDEN RANCH ROAD #42
City-St-Zip: DELEON SPRINGS, FL 32130

Title: D ( ) Delete
Name: HUGHSON, ELEANOR
Address: 900 SPRING GARDEN RANCH ROAD #42
City-St-Zip: DELEON SPRINGS, FL 32130

Title: D ( ) Delete
Name: BAILEY, BARBARA J
Address: 900 SPRING GARDEN RANCH ROAD #42
City-St-Zip: DELEON SPRINGS, FL 32130

Title: D ( ) Delete
Name: O'MARA, KRISTI
Address: 900 SPRING GARDEN RANCH ROAD #42
City-St-Zip: DELEON SPRINGS, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: STULTS, BARBARA J
Address: 900 SPRING GARDEN RANCH ROAD #37
City-St-Zip: DELEON SPRINGS, FL 32130

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 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 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: ELIZABETH HARDIMAN D 03/01/2005
Electronic Signature of Signing Officer or Director Date