

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005234

FILED
Apr 25, 2008
Secretary of State

Entity Name: SPRING RIDGE OF HERNANDO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

18215 BRANCH RD
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

18215 BRANCH RD
HUDSON, FL 34667

New Mailing Address:

FEI Number: 20-3501468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREMIER COMMUNITY CONSULTANTS, INC.
18215 BRANCH RD
HUDSON, FL 34667 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: VPD () Delete
Name: RUSHNELL, DEVON
Address: 6522 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33623

Title: PD () Delete
Name: CORACE, PAUL
Address: 5439 BEAUMONT CENTER BLVD. #200
City-St-Zip: TAMPA, FL 33634

Title: STD () Delete
Name: MOUSSEAU, PAULINE
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: RUSHNELL, DEVON
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

Title: PD (X) Change () Addition
Name: WILSON, SHAWN
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

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: PAMELA S WASHBURN

AGT

04/25/2008

Electronic Signature of Signing Officer or Director

Date