2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005234

FILED Apr 13, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

 18215 BRANCH RD
 475 W TOWN PLACE, #100

 HUDSON, FL 34667
 ST AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

 18215 BRANCH RD
 475 W TOWN PLACE, #100

 HUDSON, FL 34667
 ST AUGUSTINE, FL 32092

FEI Number: 20-3501468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PREMIER COMMUNITY CONSULTANTS, INC.

18215 BRANCH RD

HUDSON, FL 34667 US

SEVERN TRENT SERVICES, INC

475 W TOWN PLACE, #100

ST AUGUSTINE, FL 32092 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: SHELI MORAN AS AGENT 04/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VPD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 RUSHNELL, DEVON
 Name:
 BETANCOURT, JOSEFA

 Address:
 18215 BRANCH RD
 Address:
 8918 SOUTHERN CHARM CIR

 City-St-Zip:
 HUDSON, FL 34667
 City-St-Zip:
 BROOKSVILLE, FL 34613

Title: PD () Delete Title: VPD (X) Change () Addition Name: WILSON, SHAWN Name: LUGO, DOMINICK

Address: 18215 BRANCH RD Address: 9215 SOUTHERN CHARM CIR
City-St-Zip: HUDSON, FL 34667 City-St-Zip: BROOKSVILLE, FL 34613

Title: STD () Delete Title: VPD (X) Change () Addition Name: MOUSSEAU, PAULINE Name: SENA, PATRICK

 Address:
 18215 BRANCH RD
 Address:
 9527 SOUTHERN CHARM CIR

 City-St-Zip:
 HUDSON, FL 34667
 City-St-Zip:
 BROOKSVILLE, FL 34613

Title: () Delete Title: TD () Change (X) Addition

 Name:
 Name:
 MYERS, DAVID

 Address:
 Address:
 8506 PINETOP RIDGE LANE

 City-St-Zip:
 City-St-Zip:
 BROOKSVILLE, FL 34613

Title: () Delete Title: SD () Change (X) Addition

Name:Name:MOUSSEAU, PAULINEAddress:Address:14335 HOLLY HAMMOCK LANECity-St-Zip:City-St-Zip:BROOKSVILLE, FL 34613

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: JOSEFA BETANCOURT PRES 04/13/2009