

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009445

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** SPRING CHASE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2936 SPRING CHASE LANE  
MARIANNA, FL 32446

**New Principal Place of Business:**

**Current Mailing Address:**

2936 SPRING CHASE LANE  
MARIANNA, FL 32446

**New Mailing Address:**

**FEI Number:** 20-3604352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUDSON, CHARLES  
2936 SPRING CHASE LANE  
MARIANNA, FL 32446 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: D ( ) Delete  
Name: LASSMAN, LORI  
Address: 4946 REDWOOD DRIVE  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: POWELL, SHANNON  
Address: 2966 CHASE WAY  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: GULLETT, AMBER  
Address: 2957 CHASE WAY  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: CALLOWAY, CHUCK  
Address: 2954 CHASE WAY  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: HUDSON, CHARLES  
Address: 2936 SPRING CHASE LANE  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: LAWRENCE, LORI  
Address: 1044 SPRING CHASE LANE  
City-St-Zip: MARIANNA, FL 32446

**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: D (X) Change ( ) Addition  
Name: MILTON, CYNTHIA  
Address: 4603 OAKWOOD DRIVE  
City-St-Zip: MARIANNA, FL 32446

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: CYNTHIA MILTON

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date