2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N05000009445

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: MILTON, CYNTHIA
Address: 4603 OAKWOOD DRIVE
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: ( ) 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 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 04/28/2009

Electronic Signature of Signing Officer or Director — Date