2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# N05000011366

Entity Name: FRIENDS OF SPRING LAKE, INC.

Current Principal Place of Business:

702 MERLINS CT
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

702 MERLINS CT
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 20-3915328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOSEPH R. CIANFRONE, P.A.
1964 BAYSHORE BLVD
DUNEDIN, FL 34698 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: PD ( ) Delete
Name: MOORE-TAMEZ, ERIN
Address: 702 MERLINS CT
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD ( ) Delete
Name: CHARTRAND, PHILIP E
Address: 109 LAKESIDE COLONY DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: STD ( ) Delete
Name: NICHOLS, WAYNE M
Address: 695 MERLINS CT
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DIR ( ) Delete
Name: INCORVAIA, MITCHELL
Address: 723 MERLINS CT
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: DIR ( ) Delete
Name: HUGHES, RONALD C
Address: 738 ARTHURS CT
City-St-Zip: TARPON SPRINGS, FL 34689 US

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:

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: ERIN MOORE-TAMEZ PRES 05/06/2008
Electronic Signature of Signing Officer or Director — Date