2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State
04-21-2008 90042 007 ****61.25

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1. Entity Name
SPRING HILL PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8249 KRISTEL CIRCLE PORT RICHEY, FL 34668	8249 KRISTEL CIRCLE PORT RICHEY, FL 34668

66011014

02212008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-8596664
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICK, JAMIE K
8249 KRISTEL
PORT RICHEY, FL 34668

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jamie K. Mick 4/8/08
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAIN, RUSSELL T Change to David Spezza
STREET ADDRESS	1022 MAIN ST. 1324 Seven Springs Blvd. #363
CITY-ST-ZIP	DUNEDIN, FL 34698 New Port Richey, FL 34655
TITLE	President / director
TITLE	VTD
NAME	STOPLER, ROB Vice Pres / director Treasurer
STREET ADDRESS	1022 MAIN ST.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	VSD
NAME	KUHN, RAT Remove
STREET ADDRESS	1022 MAIN ST.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	Reg. Agent
NAME	Jamie Mick
STREET ADDRESS	8249 Kristel Circle
CITY-ST-ZIP	Port Richey, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dave Spezza 727-8171415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #