

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90057 020 ****70.00

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1. Entity Name
SPRING HILL NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**C/O GERALD O. CHESTER
910 S ADELLE AVE
DELAND, FL 32720**

Mailing Address
**C/O GERALD O. CHESTER
910 S ADELLE AVE
DELAND, FL 32720**

40122800



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number

Applied For

20-5107472

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHESTER, GERLAD O
847 ORANGE AVE
DAYTONA BEACH, FL 32114**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **BROWN, BENITA T**
STREET ADDRESS **PO BOX 3389**
CITY-ST-ZIP **DELAND, FL 327213389**

TITLE **Vice Chair person** ☒ Change ☐ Addition
NAME **Brown, Benita T**
STREET ADDRESS **P.O. Box 3389**
CITY-ST-ZIP **Deland, FL 32721-3389**

TITLE **D** ☐ Delete
NAME **WILLIAMS, REGINALD**
STREET ADDRESS **505 W VOLUSIA AVE**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **Benita** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LEE, H. DOUGLAS**
STREET ADDRESS **421 N WOODLAND BLVD**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Banks, Donna**
STREET ADDRESS **410 S. Adelle**
CITY-ST-ZIP **Deland, FL 32720**

TITLE **D** ☐ Delete
NAME **CHAVERS, ALTHEA**
STREET ADDRESS **217 N STONE ST**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **Director** ☐ Change ☒ Addition
NAME **Bowman, Micheline**
STREET ADDRESS **140 S. Spring Garden Ave.**
CITY-ST-ZIP **Deland, FL 32720**

TITLE **D** ☐ Delete
NAME **CUSACK, JAMES**
STREET ADDRESS **PO BOX 657**
CITY-ST-ZIP **DELAND, FL 32721**

TITLE **Chair person** ☒ Change ☐ Addition
NAME **Cusack, James**
STREET ADDRESS **P.O. Box 657**
CITY-ST-ZIP **Deland, FL 32721**

TITLE **D** ☐ Delete
NAME **DIXON, SHILRETHA**
STREET ADDRESS **608 S PARSON AVE**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Dixon, Shilretha**
STREET ADDRESS **608 S. Parson Ave**
CITY-ST-ZIP **Deland, FL 32720**

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:

James E. Cusack

6/15/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #