

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008807

FILED
Apr 08, 2009
Secretary of State

Entity Name: SPRING HILL NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-5617472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESTER, GERLAD O
847 ORANGE AVE
DAYTONA BEACH, FL 32114 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: T () Delete
Name: BANKS, DONNA
Address: 910 SOUTH ADELLE AVENUE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: WILLIAMS, REGINALD
Address: 505 W VOLUSIA AVE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: LEE, H. DOUGLAS
Address: 421 N WOODLAND BLVD
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: CHAVERS, ALTHEA
Address: 217 N STONE ST
City-St-Zip: DELAND, FL 32720

Title: C () Delete
Name: CUSACK, JAMES
Address: PO BOX 657
City-St-Zip: DELAND, FL 32721

Title: S () Delete
Name: DIXON, SHILRETHA
Address: 608 S PARSON AVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUGHLEY, VICTOR
Address: 419 SOUTH IVY AVENUE
City-St-Zip: DELAND, FL 32724

Title: D (X) Change () Addition
Name: MONROE, ALICIA
Address: 320 WEST HUBBARD
City-St-Zip: DELAND, FL 32720

Title: D (X) Change () Addition
Name: BOWMAN, MICHELINA
Address: 140 SOUTH SPRING GARDEN AVENUE
City-St-Zip: DELAND, FL 32720

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: DONNA M. BANKS

T

04/08/2009

Electronic Signature of Signing Officer or Director

Date