2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009355

FILED Mar 17, 2009 Secretary of State

Entity Name: SPRING POINTE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5175 BLANDING BOULEVARD 9300 NORMANDY BOULEVARD

JACKSONVILLE, FL 32210 SUITE 508

JACKSONVILLE, FL 32221

Current Mailing Address: New Mailing Address:

5175 BLANDING BOULEVARD 9300 NORMANDY BOULEVARD

JACKSONVILLE, FL 32210 SUITE 508

JACKSONVILLE, FL 32221

FEI Number: 20-5504109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KELLEY, JULIE
5175 BLANDING BOULEVARD
JACKSONVILLE, FL 32210 US

CALDWELL, CHRISTINA
5175 BLANDING BOULEVARD
JACKSONVILLE, FL 32210 US

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: CHRISTINA CALDWELL 03/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: DP (X) Change () Addition

Name: KELLEY, JULIE Name: KELLEY, JULIÉ
Address: 5175 BLANDING BOULEVARD Address: 9300 NORMANDY BOULEVARD

Address: 51/5 BLANDING BOULEVARD Address: 9300 NORMANDY BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32221
City-St-Zip: JACKSONVILLE, FL 32221

Title: DVP () Delete Title: DVPS (X) Change () Addition

Name: ADAMS, DENISE Name: BENSON, MARION

Address: 5175 BLANDING BOULEVARD Address: 9300 NORMANDY BOULEVARD City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32221

Title: DS (X) Delete Title: () Change () Addition

 Name:
 CRANE, RALPH
 Name:

 Address:
 5175 BLANDING BOULEVARD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32210
 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: JULIE T. KELLEY P 03/17/2009