2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# N09826

Entity Name: SPRING RUN PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10294 W MONTYCE CT
CRYSTAL RIVER, FL 34428 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2631
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

FEI Number: 59-2848934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEASON, BRUCE A
10294 W MONTYCE CT
CRYSTAL RIVER, FL 34428 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:	P	( ) Delete
Name:	LEASON, BRUCE A	
Address:	10294 W MONTYCE CT	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	V	( ) Delete
Name:	FOSTER, JOHN	
Address:	10095 W PAMONDEHO CIR	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	D	( ) Delete
Name:	VANN, DONNA	
Address:	10190 PAHONDEHO CR	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	S	( ) Delete
Name:	EACK, JAMES	
Address:	10319 W PAMONDEHO CIR	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	T	( ) Delete
Name:	RONDEAU, ROBERT	
Address:	10163 W PAMONDENO CIR	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	D	( ) Delete
Name:	TOMPKINS, RICHARD	
Address:	10320 W PAMONDEHO CIR	
City-St-Zip:	CRYSTAL RIVER, FL 34428	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE A. LEASON P 01/24/2006

Electronic Signature of Signing Officer or Director — Date