
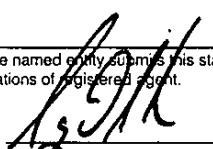
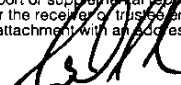


FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90036 022 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N16304			
1. Entity Name SPRING HILL PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.			
Principal Place of Business C/O GARY D. GRUNDER 1025-5A N.MAIN ST HIGH SPRINGS, FL 32643		Mailing Address C/O GARY D. GRUNDER 1025-5A N.MAIN ST HIGH SPRINGS, FL 32643	
2. Principal Place of Business 23349 NW CR 236		3. Mailing Address 23349 NW CR 236	
Suite, Apt. #, etc. SUITE 10		Suite, Apt. #, etc. SUITE 10	
City & State HIGH SPRINGS		City & State HIGH SPRINGS	
Zip 32643	Country USA	Zip 32643	Country USA
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRUNDER, GARY D. 1025-5 N.MAIN STREET HIGH SPRINGS, FL 32643		7. Name and Address of New Registered Agent Name GRUNDER, GARY D. Street Address (P.O. Box Number is Not Acceptable) 23349 NW CR 236, SUITE 10 City HIGH SPRINGS FL Zip Code 32643	
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 		DATE 3/28/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	STD COX, C.G. 24817 NW 122ND AVE HIGH SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUNDER, GARY D. 1025-5 N MAIN ST HIGH SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23349 NW CR 236, SUITE 10 HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLBORN, W.H. 23008 NW 188TH STREET HIGH SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DATE 3/28/05 DAYTIME PHONE # 386 454 1298	