

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N16304

1. Entity Name
**SPRING HILL PROFESSIONAL CENTER OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**23349 NW CR 236
SUITE 10
HIGH SPRINGS, FL 32643 US**

Mailing Address
**23349 NW CR 236
SUITE 10
HIGH SPRINGS, FL 32643 US**



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRUNDER, GARY D.
23349 NW CR 236
SUITE 10
HIGH SPRINGS, FL 32643**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	COX, C.G.
STREET ADDRESS	24817 NW 122ND AVE
CITY-ST-ZIP	HIGH SPRINGS, FL
TITLE	PD
NAME	GRUNDER, GARY D.
STREET ADDRESS	23349 NW CR 236, SUITE 10
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	D
NAME	WELLBORN, W.H.
STREET ADDRESS	23008 NW 188TH STREET
CITY-ST-ZIP	HIGH SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000599634
01/25/07-80035-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.