2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State
04-20-2007 90087 017 ****61.25

DOCUMENT # N20944

1. Entity Name
SPRING RUN OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 522 FORT WHITE FL 32038-0522 US	P.O. BOX 522 FORT WHITE FL 32038-0522 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3155641 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANCOCK, JOYCE 535 SW WHIPPER DR FORT WHITE FL 32038	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Joyce A. Hancock Joyce A Hancock 4/14/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D GROSS, LUDWIG 508 S.W. WHISPER DR. FT. WHITE FL 32038	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES KEY P.O. BOX 914 Ft. White, FL 32038	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRYDEN, CELIA 525 S.W. WHISPER DR FT. WHITE FL 32038	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARY PRIEST 357 S.W. WINTHROP PL Ft. White, FL 32038	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOUCHTON, MARK 425 S.W. WHISPER DR FT. WHITE FL 32038	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRABOWSKI, CINDY 333 S.W. WINTHROP PL FORT WHITE FL 32038	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OLSEN, ARTHUR 582 S.W. WHISPER DR. FT. WHITE FL 32038	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HANCOCK, JOYCE A 535 SW WHIPPER DR FT WHITE FL 32038	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

386-497-3523

SIGNATURE: Mark G. Touchton Mark G. Touchton Director-Chairman 5-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #