

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29223

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** SPRING RIDGE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

9731 SPRING RIDGE CIR  
ESTERO, FL 33928 US

**New Principal Place of Business:**

**Current Mailing Address:**

9731 SPRING RIDGE CIR  
ESTERO, FL 33928 US

**New Mailing Address:**

**FEI Number:** 65-0110248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GIBSON, MARY LOU  
9731 SPRING RIDGE CIR  
ESTERO, FL 33928 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: ROSE, MARCIA  
Address: 9739 SPRING RIDGE CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: VP ( ) Delete  
Name: DESROSIERS, BARB  
Address: 9666 SPRING RIDGE CIR  
City-St-Zip: ESTERO, FL 33928

Title: ST ( ) Delete  
Name: GIBSON, MARY LOU  
Address: 9731 SPRING RIDGE CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: D ( ) Delete  
Name: FALLON, DAVE  
Address: 9723 SPRING RIDGE CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: D ( ) Delete  
Name: LELIEVRE, MATT  
Address: 9659 SPRING RIDGE CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: D ( ) Delete  
Name: BALLO, DON  
Address: 9746 SPRING RIDGE CIR  
City-St-Zip: ESTERO, FL 33928

**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: MARY LOU GIBSON

ST

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date