

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29223

FILED
Apr 07, 2008
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:

9754 SPRING RIDGE CIR
ESTERO, FL 33928 US

Current Mailing Address:

9731 SPRING RIDGE CIR
ESTERO, FL 33928 US

New Mailing Address:

9754 SPRING RIDGE CIR
ESTERO, FL 33928 US

FEI Number: 65-0110248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

ST.JOHN, NICOLE
9754 SPRING RIDGE CIR
ESTERO, FL 33928 US

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: NICOLE ST.JOHN

04/07/2008

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: LELIEVRE, MATTHEW
Address: 9659 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: ST JOHN, JAMES
Address: 9754 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: P (X) Change () Addition
Name: ST.JOHN, JAMES
Address: 9754 SPRING RIDGE CIRCLE
City-St-Zip: ESTERO, FL 33928

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

Title: ST (X) Change () Addition
Name: ST.JOHN, NICOLE
Address: 9754 SPRING RIDGE CIRCLE
City-St-Zip: ESTERO, FL 33928

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 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: NICOLE ST.JOHN

ST

04/07/2008

Electronic Signature of Signing Officer or Director

Date