

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33086

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** THE SPRINGS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

14303 EUREKA PLACE  
TAMPA, FL 33613

**New Principal Place of Business:**

14304 HOMOSASSA ST  
TAMPA, FL 33613

**Current Mailing Address:**

14303 EUREKA PLACE  
TAMPA, FL 33613

**New Mailing Address:**

14304 HOMOSASSA STREET  
TAMPA, FL 33613

**FEI Number:** 59-3022277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TANKEL, ROBERT PA  
1022 MAIN STREET  
SUITE D  
DUNEDIN, FL 34698 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: PD  
Name: SAULTER, DAVID  
Address: 1006 CLEARCREEK DRIVE  
City-St-Zip: TAMPA, FL 33613

Title: VD  
Name: COX, DAVID  
Address: 14304 HOMOSASSA ST.  
City-St-Zip: TAMPA, FL 33613

Title: TD  
Name: COX, KIMBERLY  
Address: 14304 HOMOSASSA STREET  
City-St-Zip: TAMPA, FL 33613

Title: S  
Name: CHARBONIER, SANDRA  
Address: 14304 EUREKA PLACE  
City-St-Zip: TAMPA, FL 33613

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY COX

TD

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date