

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 08, 2009
Secretary of State**

DOCUMENT# N37553

Entity Name: THE OAKS OF SPRING HILL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13301 CECIL CT.
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

14169 LAWRENCE ST.
SPRING HILL, FL 346098973 US

New Mailing Address:

FEI Number: 59-3010946 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FLOHR, ROBERT O
13301 CECIL CT.
SPRING HILL, FL 34609 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 () Delete
Name: JOHNSON, PAUL R
Address: 6259 SEBASTIAN DR
City-St-Zip: SPRING HILL, FL 34609

Title: VD () Delete
Name: BLOOM, JOHN W
Address: 6101 KRISTA DR
City-St-Zip: SPRING HILL, FL 34609

Title: SD () Delete
Name: HEISE, ANNA
Address: 6126 KRISTA DR.
City-St-Zip: SPRING HILL, FL 34609

Title: TD () Delete
Name: FLOHR, ROBERT O
Address: 13301 CECIL CT.
City-St-Zip: SPRING HILL, FL 34609

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:

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: ROBERT O FLOHR

TD

04/08/2009

Electronic Signature of Signing Officer or Director

Date