

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37553

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**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:**

6126 KRISTA DRIVE  
SPRING HILL, FL 34609 US

**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:**

HEISE, HERBERT  
6126 KRISTA DRIVE  
SPRING HILL, FL 34609 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: H. HEISE

01/10/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DOUGHERTY, ELIZABETH  
Address: 13487 LAWRENCE STREET  
City-St-Zip: SPRING HILL, FL 34609 US

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

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

Title: TD  
Name: HEISE, HERBERT  
Address: 6126 KRISTA DRIVE  
City-St-Zip: SPRING HILL, FL 34609 US

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: H. HEISE

TD

01/10/2012

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

\_\_\_\_\_  
Date