

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40115

FILED
Jan 17, 2006
Secretary of State

Entity Name: SPRING HILL GARDEN CLUB, INC.

Current Principal Place of Business:

POST OFFICE BOX 3504
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3504
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 59-2057098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, ROBERTA
3339 BROAD
BROOKSVILLE, FL 34604 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: D () Delete
Name: SWANSON, SHARON
Address: 8475 CHATSWORTH ST
City-St-Zip: SPRING HILL, FL 34608

Title: DP () Delete
Name: BRAUN, BOBBIE
Address: 7151 BIG BEND DR.
City-St-Zip: SPRING HILL, FL 34606

Title: DVP () Delete
Name: BRAUN, THOMAS
Address: 7151 BIG BEND DR.
City-St-Zip: SPRING HILL, FL 34606

Title: TD () Delete
Name: KING, ROBERTA
Address: 3339 BROAD ST.
City-St-Zip: BROOKSVILLE, FL 34604

Title: DVP () Delete
Name: NADFAU, GLORIA
Address: 13155 DEL BARTON ST.
City-St-Zip: SPRING HILL, FL 34609

Title: TD () Delete
Name: KUBIAK, DONALD L
Address: 1463 BOLGER AVENUE
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
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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: THOMAS BRAUN

DVP

01/17/2006

Electronic Signature of Signing Officer or Director

Date