


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90045 010 ****61.25

DOCUMENT # N40115	
1. Entity Name SPRING HILL GARDEN CLUB, INC.	

Principal Place of Business POST OFFICE BOX 3504 SPRING HILL, FL 34606	Mailing Address POST OFFICE BOX 3504 SPRING HILL, FL 34606
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2057098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KING, ROBERTA 3339 BROAD BROOKSVILLE, FL 34604	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Secretary SWANSON, BERTON Moyes, Ann 18236 Webster Grove Rd SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, BOBBIE Brainard, Doug 7151 BIG BEND DR. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP THOMAS, BOBBIE Jenkins, Kathleen 7151 BIG BEND DR. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, ROBERTA 3339 BROAD ST. BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NADFAIR, GORM Hester, Emmet 10488 DEL BARTON CT. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERICKSON, JEANNE Erickson, Jeanne 1339 Overland Dr. SPRING HILL, FL 34608

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberta King 1/19/08 1352 796-3243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____