

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42611

FILED
Apr 24, 2009
Secretary of State

Entity Name: SPRING HOLLOW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 4094
APOPKA, FL 30704 US

New Principal Place of Business:

3411 JAY MARA PL
APOPKA, FL 32712 US

Current Mailing Address:

P.O. BOX 4094
APOPKA, FL 32704 US

New Mailing Address:

FEI Number: 59-2900583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMAN, JAMES M
3411 JAY MARA PL
APOPKA, FL 32712 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: FILIP, EDSTROM
Address: 545 SPRING HOLLOW BLVD
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: SCHLEICHKORN, RAYMOND
Address: 3412 JAY MARA PL
City-St-Zip: APOPKA, FL

Title: T () Delete
Name: THOMAN, JIM
Address: 3411 JAY MAYA PL
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: KIRKLAND, ROBIN
Address: 17 DINGO PLACE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: JOHNSON, TERRY
Address: 116 SPRING HOLLOW BLVD
City-St-Zip: APOPKA, FL 32712

Title: P () Delete
Name: MADOLE, STEVEN
Address: 202 SPRING HOLLOW BLVD.
City-St-Zip: APOPKA, FL 32712

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:

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Address:
City-St-Zip:

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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: JIM THOMAN

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date