

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50233

FILED
Apr 15, 2009
Secretary of State

Entity Name: SPRING LAKE ESTATES OF NASSAU CO. OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1656
CALLAHAN, FL 32011 US

New Principal Place of Business:

SPRING LAKE DRIVE
CALLAHAN, FL 32011 US

Current Mailing Address:

PO BOX 1656
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: 59-3160661 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MICKLER, JUDD
55690 YELLOW JACKET DR
CALLAHAN, FL 32011 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: VP () Delete
Name: MICKLER, JUDD
Address: 55690 YELLOW JACKET DR
City-St-Zip: CALLAHAN, FL 32011

Title: P () Delete
Name: JARRETT, ANGELA
Address: 55584 DEER RUN RD
City-St-Zip: CALLAHAN, FL 32011

Title: T () Delete
Name: KEITH, PATRICIA
Address: 55528 YELLOW JACKET DR
City-St-Zip: CALLAHAN, FL 32011

Title: S () Delete
Name: GREGORY, EDWARD & STEPHANIE
Address: 55029 YELLOW JACKET DR
City-St-Zip: CALLAHAN, FL 32011

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: ANGELA JARRETT

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date