


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State


05-10-2004 90463 043 ****61.25

DOCUMENT # N93000004550		
1. Entity Name SPRING RANCH OWNERS' ASSOCIATION, INC.		

Principal Place of Business P.O. BOX 302 6093 LIVE OAK, FL 32060	Mailing Address P.O. BOX 302 6093 LIVE OAK, FL 32060
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2. Principal Place of Business P.O. Box 6093 Suite, Apt. #, etc. LIVE OAK City & State FL Zip 32064 Country Swansee	3. Mailing Address P.O. Box 6093 Suite, Apt. #, etc. LIVE OAK, FL City & State 32064 Swansee Zip 32064 Country Swansee
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2403994



04282004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3216909	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CANNON, BOB 7126 60TH ST. LIVE OAK, FL 32060	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, CHRISTOPHER R 1980 SOUTH MARION ST LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, LAUREN 1980 SOUTH MARION ST LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREIRE, DONNA 4501 NW 43RD PLACE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANNON, BOB 7126 60TH ST. LIVE OAK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CANNON, CAROL 7126 60TH ST. LIVE OAK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bob Cannon <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	5/5/04 386-362-5037 <small>Date Daytime Phone #</small>



Attachment
24073994

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 28, 2004

SPRING RANCH OWNERS' ASSOCIATION, INC.
P.O. BOX 302
LIVE OAK, FL 32060

SUBJECT: ~~SPRING RANCH OWNERS' ASSOCIATION, INC.~~
Ref. Number: N93000004550

We have received your document for SPRING RANCH OWNERS' ASSOCIATION, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 804A00028306