

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

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



Principal Place of Business _____ Mailing Address _____
 P.O. BOX 6093 P.O. BOX 6093
 LIVE OAK, FL 32064 LIVE OAK, FL 32064



04202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3216909** Applied For Not Applicable
 5. Certificate of Status Desired **\$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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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, 2005

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

~~04/22/05 80097 **3758-00~~
 1000000324615
 04/22/05-80103-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOWARD, CHRISTOPHER R
STREET ADDRESS	1980 SOUTH MARION ST
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	HOWARD, LAUREN
STREET ADDRESS	1980 SOUTH MARION ST
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	FREIRE, DONNA
STREET ADDRESS	4501 NW 43RD PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	P
NAME	CANNON, BOB
STREET ADDRESS	7126 60TH ST.
CITY-ST-ZIP	LIVE OAK, FL
TITLE	VST
NAME	CANNON, CAROL
STREET ADDRESS	7126 60TH ST.
CITY-ST-ZIP	LIVE OAK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/20/05 386-362-5037
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #