

# 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

P.O. BOX 6093  
LIVE OAK, FL 32064

Mailing Address

P.O. BOX 6093  
LIVE OAK, FL 32064

**DO NOT WRITE IN THIS SPACE**



04202005 No Chg-NP CR2E037 (10/03)

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

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 \*\*3750-00~~  
11000000324615  
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

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

386-362-5037

Date

Daytime Phone #