

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 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



04222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3216909	Applied For Not Applicable
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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, 2007

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

10. OFFICERS AND DIRECTORS

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

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 05/07/07-80017-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-07 386-362-5037
 Date Daytime Phone #