


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
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04222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3216909	Applied For <input 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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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 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	

<p>U00000728438 05/07/07-80017-006 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 4-22-07 386-362-5037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #