

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 29, 2008 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		



04272008 No Chg-NP CR2E037 (4/06)

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

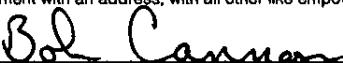
6. Name and Address of Current Registered Agent CANNON, BOB 7126 60TH ST. LIVE OAK, FL 32060	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UD00000931865 05/22/08-80032-002 61.25
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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.		
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SIGNATURE: 	4-26-08	386-362-5037
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>
		<small>Daytime Phone #</small>