

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004550

FILED
Apr 27, 2009
Secretary of State

Entity Name: SPRING RANCH OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 6093
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6093
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 59-3216909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANNON, BOB
7126 60TH ST.
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOWARD, CHRISTOPHER R
Address: 1980 SOUTH MARION ST
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: HOWARD, LAUREN
Address: 1980 SOUTH MARION ST
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: FREIRE, DONNA
Address: 4501 NW 43RD PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: P () Delete
Name: CANNON, BOB
Address: 7126 60TH ST.
City-St-Zip: LIVE OAK, FL

Title: VST () Delete
Name: CANNON, CAROL
Address: 7126 60TH ST.
City-St-Zip: LIVE OAK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB CANNON

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date