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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002248

1. Corporation Name

SPRING HILL SPORTS ASSOCIATION, INC.

Principal Place of Business

7271 SPRINGHILL DR
SPRINGHILL FL 34606
US

Mailing Address

7271 SPRINGHILL DR
SPRINGHILL FL 34606
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/05/1994

4. FEI Number

59-3240706

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ELLISON, D A
7271 SPRINGHILL DR
SPRINGHILL FL 34606

10. Name and Address of New Registered Agent

81 Name Ellison, D.A.
82 Street Address (P.O. Box Number is Not Acceptable)

83 7271 SPRING HILL DR

84 City SPRING HILL

FL

85 Zip Code 34606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE DAVID ANTHONY ELLISON X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-99

12. OFFICERS AND DIRECTORS

TITLE DPM
NAME ELLISON, D A
STREET ADDRESS 7271 SPRINGHILL DR
CITY-ST-ZIP SPRING HILL FL 34606

TITLE DV
NAME BLACKENSHIP, J
STREET ADDRESS 9387 MIRCELE DR
CITY-ST-ZIP SPRINGHILL FL 34608

TITLE DS
NAME PANICO, C
STREET ADDRESS 12307 ROCKDUCK AVE
CITY-ST-ZIP BROOKSVILLE FL 34614

TITLE DT
NAME BERRY, TONI
STREET ADDRESS 3374 DOTHAN AVE
CITY-ST-ZIP SPRING HILL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DP
ELLISON, D A
7271 SPRING HILL DR
SPRING HILL, FL 34606

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DV
LARRY DODSON
410 BROAD ST.
MARSARYKTOWN FL 34609

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DS
Mrs. Kathleen Morton
8105 Marys Fish Camp Rd.
Spring Hill, FL 34607

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DT
PATRICIA LACK
12100 TALLWOOD ST
Springhill FL 34608

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ANTHONY ELLISON 4-14-99 352 684 1677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)