


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000002433 1. Entity Name RUNNING SPRINGS BLUFF PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 4127 NW 27TH LN SUITE A GAINESVILLE, FL 32606	Mailing Address PO BOX 357845 GAINESVILLE, FL 32635
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01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3316909	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 DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCDONALD, JANET L 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, DENNIS G 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606
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01/31/07-80030-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Lisa Davies* Lisa Davies 1/18/07 352-334-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #