

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

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000002433

1. Entity Name
**RUNNING SPRINGS BLUFF PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**4127 NW 27TH LN
SUITE A
GAINESVILLE, FL 32606**

Mailing Address
**PO BOX 357845
GAINESVILLE, FL 32635**



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3316909

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAVIES, LISA
4127 NW 27TH LN., SUITE A
GAINESVILLE, FL 32606**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIES, LISA
STREET ADDRESS	4127 NW 27TH LN., SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	STD
NAME	MCDONALD, JANET L
STREET ADDRESS	4127 NW 27TH LN., SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	VD
NAME	LEE, DENNIS G
STREET ADDRESS	4127 NW 27TH LN., SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000791938
01/23/08-80098-006 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 1/21/08 352-334-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #