2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# N96000004500

Entity Name: SEVEN SPRINGS GOLF AND COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3398832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT,INC.
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 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: PD ( ) Delete
Name: BEDROSIAN, GREG
Address: 3318 ABIGAIL CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPD ( ) Delete
Name: NICHOLAS, JOHN
Address: 3244 NOEMI DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD ( ) Delete
Name: FALCONIERI, GLORIA
Address: 3313 ABIGAIL CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD ( ) Delete
Name: NEMETH, RON
Address: 3302 NOEMI DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete
Name: LEWIS, MIKE
Address: 3251 SCORECARD DR
City-St-Zip: NEW PORT RICHEY, FL 34655

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: D (X) Change ( ) Addition
Name: LOUGHRAN, PETER
Address: 3252 NOEMI DR
City-St-Zip: NEW PORT RICHEY, FL 34655

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: GREG BEDROSIAN PD 04/08/2008

Electronic Signature of Signing Officer or Director — Date