

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 18, 2012
Secretary of State

DOCUMENT# N97000002399

Entity Name: SIDE BY SIDE OF WINTER SPRINGS, INC.**Current Principal Place of Business:**5840 RED BUG LAKE RD., PMB 315
WINTER SPRINGS, FL 32708**New Principal Place of Business:****Current Mailing Address:**5840 RED BUG LAKE RD., PMB 315
WINTER SPRINGS, FL 32708**New Mailing Address:****FEI Number:** 59-3450851**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HARGRAVE, TOM M
818 LULLWATER DR
OVIEDO, FL 32765 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
Name: HARGRAVE, TOM M
Address: 818 LULLWATER DR
City-St-Zip: OVIEDO, FL 32765**Title:** TD
Name: ARMETTA, FRANK V
Address: 836 BENTLEY GREEN CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** SD
Name: MARSDEN, LINDA
Address: 131 SPRINGWOOD WAY
City-St-Zip: CASSELBERRY, FL 32707**Title:** D
Name: DULA, GAIL
Address: 7673 WINDING LAKE CIR
City-St-Zip: OVIEDO, FL 32765**Title:** D
Name: BAKER, GEORGE
Address: 690 TUSCORA DR
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

SIGNATURE: FRANK V ARMETTA

TD

04/18/2012

Electronic Signature of Signing Officer or Director

Date