

# FLORIDA CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90027 002 \*\*\*\*61.25

**DOCUMENT # N97000002955**

1. Entity Name

**SPRING PARK NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business

% JONI A. CUSIC  
2905 SPRING PARK RD  
JACKSONVILLE FL 32207  
US

Mailing Address

PO BOX 10321  
JACKSONVILLE FL 32246-0321

2 Principal Place of Business

*Michelle O'Rourke*

3. Mailing Address

*P.O. Box 10321*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*2723 Peacock Street*

City & State

*Jacksonville, FL*

City & State

Zip

*32207*

Zip

*32246-0321 Duval*

6. Name and Address of Current Registered Agent

4. FEI Number

*59-3453018*

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

*Michelle O'Rourke*

Street Address (P.O. Box Number is Not Acceptable)

*2723 Peacock Street*

City

*Jacksonville*

FL

Zip Code

*32207*

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

*Michelle O'Rourke*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-12-05*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUSIC, JONI A	
STREET ADDRESS	2905 SPRING PARK RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMMONS, RUTH	
STREET ADDRESS	2738 SPRING PARK RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'ROURKE, MICHELLE	
STREET ADDRESS	2723 PEACOCK STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nina Osterman	
STREET ADDRESS	3339 Sylvia Street	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*Michelle O'Rourke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-12-05*

Date

*904 398-4122*

Daytime Phone #