


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002955 1. Entity Name SPRING PARK NEIGHBORHOOD ASSOCIATION, INC.		
Principal Place of Business % MICHELLE O' ROURKE 2723 PEACOCK STREET JACKSONVILLE, FL 32207 US	Mailing Address PO BOX 10321 JACKSONVILLE, FL 32246-0321	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent O'ROURKE, MICHELLE 2723 PEACOCK STREET JACKSONVILLE, FL 32207		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTERMAN, NINA 3339 SYLVIA STREET JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, RUTH 2738 SPRING PARK RD JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'ROURKE, MICHELLE 2723 PEACOCK STREET JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Michelle O'Rourke</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>April 24, 2006</u> <small>Date Daytime Phone #</small>



04212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3453018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/08/06-80020-015 61.25

**DO NOT WRITE
IN THIS SPACE**