


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State


02-22-2008 90015 029 ****61.25

| | |
|---|---|
| DOCUMENT # N97000002955 |  |
| 1. Entity Name SPRING PARK NEIGHBORHOOD ASSOCIATION, INC. | |

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| Principal Place of Business 16 MICHELLE O'ROURKE 2723 PEACOCK STREET JACKSONVILLE FL 32207 US | Mailing Address PO BOX 10321 JACKSONVILLE FL 32246-0321 |
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| 2. Principal Place of Business - No P.O. Box # 2905 SPRING PARK RD | 3. Mailing Address P.O. Box 10321 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State JACKSONVILLE, FL | City & State JACKSONVILLE |
| Zip 32207 | Country FL |
| Country FL | Zip 32246-0321 |

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| 1st MOORE | CR2E037 (10/07) |
| 4. FEI Number 59-3453018 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DOUG CUSIC, DOUG 2905 SPRING PARK ROAD JACKSONVILLE FL 32207 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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 *Doug Cusic* *Doug Cusic* 2/12/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D OSTERMAN, NINA 3339 SYLVIA STREET JACKSONVILLE FL 32207 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete T SIMMONS, RUTH 2738 SPRING PARK RD JACKSONVILLE FL 32207 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D CUSIC, DOUG 2905 SPRING PARK RD JACKSONVILLE FL 32207 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ruth Simmons, Treasurer* 2/11/08 904 398-3631