2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003765

FILED Mar 23, 2007 Secretary of State

Entity Name: SPRING BRANCH OWNERS ASSOCIATION INC

Entity Nai	me: SPRING I	BRANCH OVVNERS AS	SOCIATION, INC.
Current P	rincipal Place	of Business:	New Principal Place of Business:
12187 - 4 BEACH BLVD JACKSONVILLE, FL 32246 US			12620-3 BEACH BLVD #301 JACKSONVILLE, FL 32246 US
Current M	lailing Addres	s:	New Mailing Address:
SUITE 301	BEACH BLVD VILLE, FL 322	46 US	
FEI Number	: 59-3462192	FEI Number Applied For) FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of C	urrent Registered Age	nt: Name and Address of New Registered Agent:
12187 -4 E	WSKI, SHERR BEACH BLVD WILLE, FL 322		JARNUTOWSKI, SHERRIE 12620-3 BEACH BLVD #301 JACKSONVILLE, FL 32246 US
	named entity s e of Florida.	submits this statement fo	r the purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE: SHERRIE	JARNTOWSKI	03/23/2007
	Electron	ic Signature of Register	ed Agent Date
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () BARNUM, WILL 1611 SPRING O JACKSONVILLE	DAKS LANE	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	V () WILKERSON, J 7681 SPRING E JACKSONVILLE	BRANCH DT	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () CLIFTON, STEN 7863 SPRING E JACKSONVILLE	BRACH DR S	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SCHWENN, JUI	BRANCH DRIVE E	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERRIE JARNUTOWSKI MGR 03/23/2007