
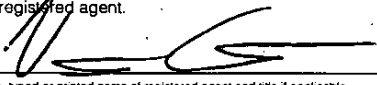
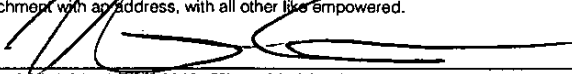


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90038 044 \*\*\*\*61.25

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # N97000004009</b><br>1. Entity Name<br>SPRING HARBOR HOMEOWNERS ASSOCIATION, INC.  |  |   |  |   |  |
| Principal Place of Business<br>20 FRISCO COURT<br>APOPKA, FL 32712 US   |  |   |  | Mailing Address<br>PO BOX 1025<br>APOPKA, FL 32704-1025  |  |
| 2. Principal Place of Business<br>79 Justin Dr.   |  |   |  | 3. Mailing Address<br>[No Change]  |  |
| Suite, Apt. #, etc.   |  |   |  | Suite, Apt. #, etc.  |  |
| City & State<br>Apopka, FL  |  |   |  | City & State   |  |
| Zip<br>32712  |  |   |  | Zip  |  |
| Country<br>US   |  |   |  | Country  |  |
| 4. FEI Number<br>59-3493840   |  |   |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br>ARNOLD, RANDALL L<br>20 FRISCO COURT<br>APOPKA, FL 32712   |  |   |  | 7. Name and Address of New Registered Agent<br><br>Name Vincent Acosta<br>Street Address (P.O. Box Number is Not Acceptable)<br>79 Justin Dr.<br><br>City Apopka FL Zip Code 32712 |  |
| 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  DATE 1/10/05<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>ARNOLD, RANDY<br>20 FRISCO COURT<br>APOPKA, FL 32712   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>EVANS, PAUL<br>1372 HONEY ROAD<br>APOPKA, FL 32712     | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>TERRELL, THELMA<br>1341 HONEY ROAD<br>APOPKA, FL 32712 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | DT<br>Vincent Acosta<br>79 Justin Dr<br>Apopka, FL 32712<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>DIAMADI, JOYCE<br>1357 HONEY ROAD<br>APOPKA, FL 32712  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | DS<br>Phyllis Stevens<br>44 FRISCO CT<br>APOPKA, FL 32712<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SCHMIDT, GREGORY<br>2 FRISCO COURT<br>APOPKA, FL 32712  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                              | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |   |  |  |  |
| <b>SIGNATURE:</b>  <b>1/10/05</b> <b>(321)276-0347</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |  |  |

**50004107**



01072005 Chg-NP CR2E037 (10/03)