

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004913

FILED
Mar 17, 2010
Secretary of State

Entity Name: SPRING PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3568 PINE TREE LOOP
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1830
HAINES CITY, FL 338451830

New Mailing Address:

FEI Number: 59-3468320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARCURI, VINCENT
3568 PINE TREE LOOP
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ARCURI, VINCENT
Address: 3568 PINE TREE LOOP
City-St-Zip: HAINES CITY, FL 33844

Title: VP
Name: ALLEN, ROBERT
Address: 3 PINE FOREST DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: STR
Name: STRICKLAND, GAIL
Address: 43 SPRING LANE
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: STRICKLAND, ED
Address: 43 SPRING LANE
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: MAIDEN, DON
Address: 3572 PINE TREE LOOP
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: CAMBELL, SCOTT
Address: 78 PINE FOREST DRIVE
City-St-Zip: HAINES CITY, FL 33844

I hereby 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 all other like empowered.

SIGNATURE: VINCENT ARCURI

P

03/17/2010

Electronic Signature of Signing Officer or Director

Date