

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90124 019 ****61.25

DOCUMENT # N97000005976

1. Entity Name
SPRING HILL ESTATES HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business
189 CREEKSIDE LANE
DEFUNIAK SPRINGS, FL 32433

Mailing Address
189 CREEKSIDE LANE
DEFUNIAK SPRINGS, FL 32433

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREW & CREW, P.A.
25 BEAL PARKWAY NE, SUITE 210
FT WALTON BEACH, FL 32548

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME ATWOOD, CHARLES ☐ Delete
STREET ADDRESS 193 CREEKSIDE LANE
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ Delete
NAME JONES, JOSEPH
STREET ADDRESS 157 MONAHAN DR
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE DP ☐ Change ☒ Addition
NAME BOB SUTERA
STREET ADDRESS 194 CREEKSIDE LANE
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE DT ☐ Delete
NAME POWELL, CHARLES
STREET ADDRESS 189 CREEKSIDE LANE
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME HOKE, BOB
STREET ADDRESS P.O. BOX 1278
CITY-ST-ZIP MOSSY HEAD, FL 32434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ATWOOD, SHELLY
STREET ADDRESS 193 CREEKSIDE LANE
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Charles Powell*

4-22-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #