2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N97000005976

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

Current Principal Place of Business:

189 CREEKSIDE LANE
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

189 CREEKSIDE LANE
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CREW & CREW, P.A.
25 BEAL PARKWAY NE, SUITE 210
FT WALTON BEACH, FL 32548 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:	D	( ) Delete
Name:	ATWOOD, CHARLES	
Address:	193 CREEKSIDE LANE	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:	DP	( ) Delete
Name:	SUTERA, BOB	
Address:	194 CREEKSIDE LANE	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:	DT	( ) Delete
Name:	POWELL, CHARLES	
Address:	189 CREEKSIDE LANE	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:	VP	( ) Delete
Name:	HOKE, BOB	
Address:	P.O. BOX 1278	
City-St-Zip:	MOSSY HEAD, FL 32434	
Title:	S	( ) Delete
Name:	ATWOOD, SHELLY	
Address:	193 CREEKSIDE LANE	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	(X) Change ( ) Addition
Name:	POWELL, RITA	
Address:	189 CREEKSIDE LANE	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: RITA POWELL DT 04/17/2009

Electronic Signature of Signing Officer or Director — Date