

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005976

FILED
Apr 15, 2010
Secretary of State

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:

CREW & CREW, P.A.
238 MIRACLE STRIP PKWY, SW
FT WALTON BEACH, FL 32548 US

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:

04/15/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ATWOOD, CHARLES
Address: 193 CREEKSIDE LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DP
Name: SUTERA, BOB
Address: 194 CREEKSIDE LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DT
Name: POWELL, RITA
Address: 189 CREEKSIDE LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP
Name: HOKE, BOB
Address: P.O. BOX 1278
City-St-Zip: MOSSY HEAD, FL 32434

Title: S
Name: ATWOOD, SHELLY
Address: 193 CREEKSIDE LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: RITA POWELL

DT

04/15/2010

Electronic Signature of Signing Officer or Director

Date