

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000006012**

1. Entity Name  
**SPRING ARBOR VILLAGE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**130 CHERRY BLOSSOM LANE  
 THE VILLAGES, FL 32159**

Mailing Address  
**130 CHERRY BLOSSOM LANE  
 THE VILLAGES, FL 32159**



03052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3541028** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SULLIVAN, SCOTT J  
 1206 BOWER LANE  
 THE VILLAGES, FL 32159**

**DO NOT WRITE  
 IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARDO, DORIS 1205 LAUREL OAK LANE THE VILLAGES, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SULLIVAN, SCOTT 1206 BOWER LANE THE VILLAGES, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROHAN, JOHN 1204 BOWER LANE THE VILLAGES, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/26/08-80089-017 61.25

**DO NOT WRITE  
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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: *Scott J. Sullivan* **SCOTT J. SULLIVAN** 3/6/08 352-259-3218