

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90098 030 ****61.25

DOCUMENT # N99000000904 1. Entity Name SPRING RIDGE CIVIC ASSOCIATION, INC.					
Principal Place of Business 5870 NE 56 ST HIGH SPRINGS, FL 32643			Mailing Address 5870 NE 56 ST HIGH SPRINGS, FL 32643		
2. Principal Place of Business		3. Mailing Address		 04102004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3562572				☐ 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		
DECKER, WILLIAM 4030 NE CR 340 HIGH SPRINGS, FL 32643			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 reappointing.) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, FRANCES L 5870 NE 56 ST HIGH SPRINGS, FL 32643 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Wilson, KEN 5200 NE 54TH TERR HIGH SPRINGS FL 32643 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINK, JOE 5280 NE 53 TERR HIGH SPRINGS, FL 32643 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINK, JOE 5280 NE 53 TERR HIGH SPRINGS FL 32643 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, MIGUEL JR 5760 NE 51ST TERRACE HIGH SPRINGS, FL 32643 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, DON 5520 NE 51 ST HIGH SPRINGS, FL 32643 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALEXANDER, DON 5520 NE 51ST ST HIGH SPRINGS FL 32643 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHALTENBRAND, LEE 5589 NE 56 ST HIGH SPRINGS, FL 32643 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORTIZ, JOANN 5760 NE 51 TERRACE HIGH SPRINGS, FL 32643 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONEY, MARK 5730 NE 52ND PL HIGH SPRINGS FL 32643 ☐ Change ☒ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Frances L. Brooks</i>		4-14-04		386-451-7116	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	