


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90026 035 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3562572	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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	
				State 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, FRANCES L		NAME	KIERNAN, GERALD	
STREET ADDRESS	5870 NE 56 ST		STREET ADDRESS	5539 NE 58 TER	
CITY - ST - ZIP	HIGH SPRINGS, FL 32643		CITY - ST - ZIP	HIGH SPRINGS, FL 32643	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIERNAN, VILMA		NAME	SUSAN POITRAS, SUSAN	
STREET ADDRESS	5539 NE 58 TERR.		STREET ADDRESS	5400 NE 56 ST	
CITY - ST - ZIP	HIGH SPRINGS, FL 32643		CITY - ST - ZIP	HIGH SPRINGS, FL 32643	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDER, DON		NAME		
STREET ADDRESS	5520 NE 51 ST		STREET ADDRESS		
CITY - ST - ZIP	HIGH SPRINGS, FL 32643		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	VILMA KIERNAN, VILMA	
STREET ADDRESS			STREET ADDRESS	5539 NE 58 TER	
CITY - ST - ZIP			CITY - ST - ZIP	HIGH SPRINGS, FL 32643	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u>Gerald S Kiernan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/21/2008</u> <u>386 454 5145</u> <small>Date Daytime Phone #</small>		