

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000904

FILED  
May 02, 2009  
Secretary of State

Entity Name: SPRING RIDGE CIVIC ASSOCIATION, INC.

## Current Principal Place of Business:

5870 NE 56 ST  
HIGH SPRINGS, FL 32643

## New Principal Place of Business:

5400 NE 56 ST  
HIGH SPRINGS, FL 32643

## Current Mailing Address:

5870 NE 56 ST  
HIGH SPRINGS, FL 32643

## New Mailing Address:

5400 NE 56 ST  
HIGH SPRINGS, FL 32643

FEI Number: 59-3562572      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

DECKER, WILLIAM  
4030 NE CR 340  
HIGH SPRINGS, FL 32643      US

## Name and Address of New Registered Agent:

POITRAS, SUSAN  
5400 NE 56 ST  
HIGH SPRINGS, FL 32643      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: SUSAN E POITRAS

05/02/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: KIERNAN, GERALD  
Address: 5539 NE 58 TERRACE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T      ( ) Delete  
Name: POITRAS, SUSAN  
Address: 5400 NE 56 ST  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: V      ( ) Delete  
Name: ALEXANDER, DON  
Address: 5520 NE 51 ST  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: S      ( ) Delete  
Name: KIERNAN, VILMA  
Address: 5539 NE 58 TERRACE  
City-St-Zip: HIGH SPRINGS, FL 32643

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: PATRICK, T. ANN  
Address: 5480 NE 51 AVE  
City-St-Zip: HIGH SPRINGS, FL 32643

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: SUSAN E POITRAS

T

05/02/2009

Electronic Signature of Signing Officer or Director

Date