

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90040 023 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P01000107597**  
 1. Entity Name  
 SPRING HAMMOCK PARK, INC.



Principal Place of Business      Mailing Address  
 PO BOX 520247      PO BOX 520247  
 LONGWOOD, FL 32752      LONGWOOD, FL 32752

**66002937**

**( P 0 1 0 0 0 1 0 7 5 9 7 P )**

**DO NOT WRITE IN THIS SPACE**

01192005    No Chg-P    CR2E034 (10/03)

4. FEI Number 56-3754727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
 BOWLES, HARRISON R  
 1205 ROXBORO ROAD  
 LONGWOOD, FL 32750

**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       DATE 1/27/05  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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	VP STERLING, ROBERT III 114 SPRING VALLEY LOOP ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOWLES, HARRISON R 1205 ROXBORO ROAD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STONER, MICHAEL 1855 EAST ADAMS DRIVE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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       DATE 1/27/05      407 260 2214  
Signature and typed or printed name of signing officer or director      Daytime Phone #

**H. RICHARD BOWLES**