

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003444

FILED
Feb 15, 2017
Secretary of State
CC7252257386

Entity Name: OLD SPRING LAKE COMMUNITY CENTER, INC.

Current Principal Place of Business:

4184 SPRING LAKE HIGHWAY
BROOKSVILLE, FL 34601

Current Mailing Address:

4184 SPRING LAKE HIGHWAY
BROOKSVILLE, FL 34601

FEI Number: 47-2643668

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FELLNER, CHRISTINE
6265 NEFF LAKE RD.
BROOKSVILLE, FL 34601 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title D
Name FELLNER, CHRISTINE
Address 6265 NEFF LAKE RD
City-State-Zip: BROOKSVILLE FL 34601

Title P
Name MARTIN, TERRY
Address 35256 BLANTON RD
City-State-Zip: DADE CITY FL 33523

Title T
Name FELLNER, STEPHEN J
Address 6265 NEFF LAKE RD
City-State-Zip: BROOKSVILLE FL 34601

Title S
Name NELSON, LINDA
Address 4044 MAJESTIC OAK LANE
City-State-Zip: BROOKSVILLE FL 34602

Title VP
Name NELSON, DON
Address 4044 MAJESTIC OAK LANE
City-State-Zip: BROOKSVILLE FL 34602

Title D
Name COBURN, SHARLENE
Address 25525 HALSEY RD
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name SHOEMAKER, SANDIE
Address 24695 CROFT LANE
City-State-Zip: BROOKSVILLE FL 34602

Title DIRECTOR
Name LEE, GEORGE
Address 4097 SPRING LAKE HWY
City-State-Zip: BROOKSVILLE FL 34601

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I hereby 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 all other like empowered.

SIGNATURE: STEPHEN J. FELLNER

TREASURER

02/15/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name BELLMAN, DAVE

Address 902 WHITEWAY DRIVE

City-State-Zip: BROOKSVILLE FL 34601