

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003444

FILED
Feb 04, 2016
Secretary of State
CC0828378582

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: No

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 CROPPER, JUDY
Address 3437 MAJESTIC OAK LANE
City-State-Zip: BROOKSVILLE FL 34602

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

Title D
Name HERNANDEZ, AL
Address 26075 HALSEY RD
City-State-Zip: BROOKSVILLE FL 34601

Title V
Name ANDERSON, ROY J
Address 12151 CAVERN RD
City-State-Zip: SPRING HILL FL 34609

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

Title D
Name HERNANDEZ, PAT
Address 26075 HALSEY RD
City-State-Zip: BROOKSVILLE FL 34601

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

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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

02/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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