

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003444

**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

**FILED**  
**Feb 01, 2020**  
**Secretary of State**  
**8994460166CC**

*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 BIXBY, MICHAEL  
Address 22605 JACBSON RD  
City-State-Zip: BROOKSVILLE FL FL 34601

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 DIRECTOR  
Name MEIER, JAMES  
Address 4445 WHITE RD  
City-State-Zip: BROOKSVILLE FL 34602

Title D  
Name CROPPER, JUDY  
Address 3437 MAJESTIC OAK LN  
City-State-Zip: BROOKSVILLE FL FL 34602

Title D  
Name SHOEMAKER, SANDIE  
Address 26945 CROFT LN  
City-State-Zip: BROOKSVILLE FL 34602

**Continues on page 2**

*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**

**02/01/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WILLAMS, LOUSIE  
Address        4060 MAJESTIC OAK LN  
City-State-Zip: BROOKSVILLE FL FL 34602