


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90020 047 ****61.25

DOCUMENT # 712753		
1. Entity Name 520 SPRING AVENUE, INC.		
Principal Place of Business 520 SPRING AVE ANNA MARIA FL 34216-4127 US		Mailing Address P O BOX 4127 251 ANNA MARIA FL 34216-4127 34216-0251 US



1st MOORE CR2E037 (10/05)

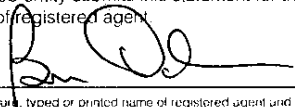
2. Principal Place of Business 520 SPRING AVE Suite, Apt. #, etc.	3. Mailing Address PO Box 251 Suite, Apt. #, etc.
City & State Anna Maria FL	City & State Anna Maria FL
Zip 34216	Country USA
Zip 34216-0215	Country USA

4. FEI Number NO-T APPLICABLE	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 DAHMS, BRIAN 160 CRESCENT DRIVE PO BOX 251 ANNA MARIA FL 34216	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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  BRIAN DAHMI 2-16-06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

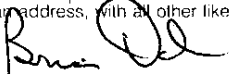
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIGHT, JEAN <input checked="" type="checkbox"/> Delete 520 SPRING AVE ANNA MARIA FL 34216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAHMS, BRIAN <input type="checkbox"/> Delete 160 CRESCENT DRIVE ANNA MARIA FL 34216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAHMS, MAUREN <input type="checkbox"/> Delete 160 CRESCENT DRIVE ANNA MARIA FL 34216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCINEVNEY, GEORGE <input checked="" type="checkbox"/> Delete 2716 SEASPRAY STREET SARASOTA FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAIN, PAT & PETER <input type="checkbox"/> Delete 520 SPRING AVE ANNA MARIA FL 34216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCINEVNEY, GEORGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2716 SEASPRAY ST. SARASOTA FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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:  BRIAN DAHMI 2/16-06 778-0542