


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90023 043 ****61.25

DOCUMENT # 712753

1. Entity Name
 520 SPRING AVENUE, INC.



Principal Place of Business
 520 SPRING AVE
 ANNA MARIA, FL 34216 US

Mailing Address
 P O BOX 251
 ANNA MARIA, FL 34216-0215 US

40052008



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
 C/O Lynn Pfaender
 Suite, Apt. #, etc.
 1218 N. Decatur Rd

02212008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

City & State
 ATLANTA, GA

Zip Country
 30306 USA

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 DAHMS, BRIAN
 160 CRESCENT DRIVE
 PO BOX 251
 ANNA MARIA, FL 34216

7. Name and Address of New Registered Agent
 Name SANDRA BROOKS
 Street Address (P.O. Box Number is Not Acceptable)
 1802 WOODY DR.
 City WINDERMERE FL Zip Code 34786

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 Sandra Brooks DATE 3-24-08

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

Filing Fee is \$61.25 Due by May 1, 2008

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 MCINEVNEY, GEORGE 2716 SEASPRAY ST SARASOTA, FL 34231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAHMS, BRIAN 160 CRESCENT DRIVE ANNA MARIA, FL 34216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAHMS, MAUREEN 160 CRESCENT DRIVE ANNA MARIA, FL 34216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAIN, PAT & PETER 520 SPRING AVE ANNA MARIA, FL 34216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	D McInerney, George <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Sandra Brooks 1802 Woody Dr. WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anne Marie Bordenave P.O. Box 911 Anna Maria, FL 34216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cain, Pat <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Lynn Pfaender 1218 N Decatur Rd ATLANTA, GA 30306 <input checked="" 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 Chapter 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: Lynn M. Pfaender Date 2/21/08 Daytime Phone # 404-431-0568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR