

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# 712753

Entity Name: 520 SPRING AVENUE, INC.

Current Principal Place of Business:

520 SPRING AVE
ANNA MARIA, FL 34216 US

New Principal Place of Business:

Current Mailing Address:

C/O LYN UENDER
1218 N DACATUR RD
ATLANTA, GA 30306 US

New Mailing Address:

C/O LYNN PFAENDER
1218 N DECATUR RD
ATLANTA, GA 30306 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, SANDRA
1802 WOODY DR
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCINERNEY, GEORGE
Address: 2716 SEASPRAY ST
City-St-Zip: SARASOTA, FL 34231

Title: SD () Delete
Name: BROOKS, SANDRA
Address: 1802 WOODY DR
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: BORDENAVE, ANNE MARIE
Address: P.O. BOX 911
City-St-Zip: ANNA MARIA, FL 34216

Title: D () Delete
Name: CAIN, PAT
Address: 520 SPRING AVE
City-St-Zip: ANNA MARIA, FL 34216

Title: TD () Delete
Name: PFAENDER, LYNN
Address: 1218 N DECATUR RD
City-St-Zip: ATLANTA, GA 30306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYNN PFAENDER

TREA

01/16/2009

Electronic Signature of Signing Officer or Director

Date