

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS



**APPROVED AND FILED**

(1)

95 MAY -1 PH 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100001519091

-06/21/95--01041--009

\*\*\*\*130.00 \*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

**DOCUMENT # 724032 (8)**

1. Corporation Name  
**SPRINGWOOD VILLAS II INC**

Principal Place of Business Mailing Address  
**1440 AZALEA PARK DR.**  
**- PINELLAS PARK, FL. 34666**

*c/o*  
*Custom Community Management*  
*PO Box 8471*  
*Clearwater, FL 34618-2471*

3. Date Incorporated or Qualified <b>08/03/1972</b>	3a. Date of Last Report <b>04/28/1994</b>
4. FEI Number <b>59-1646482</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

**Custom Community Management**  
**2331 Belleair Rd Suite B**  
**Clearwater, FL 34624**  
**Frank M. Randazzo**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Frank M. Randazzo* (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MARIE PETRIKEN</b>	<b>10341 LARCHMONT PLACE</b>	<b>PINELLAS PARK, FL 34666</b>	<b>President</b>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>ROY TURNER</b>	<b>5380 SPRINGWOOD BLVD</b>	<b>PINELLAS PARK, FL 34666</b>	<b>Vice Pres.</b>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>ED LOWE</b>	<b>5480 PALM CREST CT.</b>	<b>PINELLAS PARK FL 34666</b>	<b>Treasurer</b>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>HARRIET JACKSON</b>	<b>5388 FERNDALE PL</b>	<b>PINELLAS PARK FL 34666</b>	<b>Secretary</b>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>GEORGE WALTON</b>	<b>10321 LARCHMONT PLACE</b>	<b>PINELLAS PARK FL 34666</b>	<b>Director</b>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>DENNIS STUNNELL</b>	<b>5471 PALM CREST CT</b>	<b>PINELLAS PARK FL 34666</b>	<b>Director</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, trustee and authorized to execute this report as required by law, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward H. [Signature]* DATE: **4/28/95** 813-545-0166

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

②

1995

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Additional DIRECTOR

BARBARA Smith  
5382 MAGNOLIA TRAIL  
PINELLAS PARK, FL 34666