## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

724032

(8)

SPRINGWOOD VILLAS II, INC.

FILED Mar 25 1997 8:00am Secretary of State



Principal Place	of Business	Ma:ling Address	Ma:ling Address			3 1001H HOBER TIGHT OFFIC OFFICE FILLS FIRST BIRTH BIRTH BIRTH BIRTH BIRTH ALBI		
1040 AZALEA PARK DRIVE PINELLAS PARK FL 34666		2331 BELLEAIR R	CUSTON COMMUNITY MANAGEMENT 2331 BELLEAIR ROAD, SUITE D CLEARWATER FL 34824-1729					
US		U\$	34024-1723			3. Date Incorporated or Qualified 08/03/1972	3a. Date of Last 02/21/1	Report <b>996</b>
2. Principal Pla 21	ace of Business	2a. Mailing Addre	ess			4. FEI Number 59-1646482		Applied For Not Applicable
Suite, Apt #	I, etc.	Suite, Apt #,	Suite, Apt #, etc.			5. Certificate of Status Desired	, ,	Additional Required
City & State		City & State				6. Election Campaign Financing	<del></del>	0 May Be
23		28	28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	untry		8. This corporation has liability for int		s. 199.032,
24	25	29	30				Yes No	
	9. Name and Address of Curre	ent Registered Agent		B1	Name	10. Name and Address of New Regi	stered Agent	
Į				"	Name			
RANDAZZO, FRANK M. ŁCAM CUSTOM COMMUNITY MANAGEMENT, INC				62	Street /	Address (P.O. Box Number is Not Acceptable)		
	LLEAIR ROAD, SUITE 3	•						
CLEARW	ATER FL 34624			84	City		<b>85</b> Zi	p Code
dd D	the area delene at Presions C17 Of	00 and 617 1509 Flade	o Ctat don the o	ho. 4	namad	corporation submits this statement for the pur	FL B	ite registered
office or re	o the provisions of sections 017.0. ogistered agent, or both, in the Sta n familiar with, and accept the obli	te of Florida. Such chan	re was authorize	nd he	the core	poration's board of directors. I hereby accept	the appointment	as registered
SIGNATURE _	Signar nei typed or printad name of registereo a	Test and the Wassel sable	(NOTE: Projetore	ad Ann	et sionat vo	required when reinstating)	DATE	
12.		ND DIRECTORS	13.	n vhe	ni eignature	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	P	DE		ITLE			Change	
NAME				1.2 NAME			_	
STREET ADDRESS	10341 LARCHMONT PLACE	•			ADDRESS			
DITY-ST ZIP	PINELLAS PARK FL 34066			XITY-S	1			
TITLE	VP	☐ DE					Chang	Addition
NAME	BENNET, DICK		2.2 N	IAME		BENNETT, DICK		
STREET ADDRESS	5434 LARCHMONT COURT		2.3 9	2.3 STREET ADDRESS				
CHY-S1-ZIP		782	2.41	2. 4 CITY-ST-ZIP				
TITLE	1		LETE 31T				Chang	Addition
NAME	LOWE, ED		3.2 N	IAME				
STREET ADDRESS	5480 PALM CREST CT.		/ 3.3 5	TREET	ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL 84896	33782 /	3.4.1	CITY-S	IT-ZIP			
TITLE	S	<b>⊿</b> DE	LETE 4.1 T	ITLE	-5	JACK HAAS	Chang	e Addition
NAME	-BACKSON, HARRIET		4.2	NAME	_	LACKE SAMADI WANK	<b>6.</b> T	
STREET ADORESS	5388 FERNDALE PL.		4.3 5	STREET	ADDRESS	10647 31700720000	Agent A	
CITY-ST ZIP	PINELLAS PARK FL 34866	33782	4.4 0	IIY-S	T-ZIP	PINELLAS PARK, FL.		
TOLE	D	☐ DE	LETE 5.1 T	ITLE		·	☐ Chang	e 🔲 Addition
NAME	WALTON, GEORGE		5.2 N	IAME				
STREET ADORESS	10321 LARCHMONT PLACE		5.3 5	TREET	address			
CHY+S1+ZIF	PINELLAS PARK FL 34006			CITY-S	T-ZIP			
TITLE	D	<b>☑</b> DE	LETE 6.1 T	ITLE		D OSCAR DOROL	U □ Chang	
NAME	STUNNELL, DENNIS		6.2 h	NAME		PINELLAS PARI	ARK DR	
STREET ADDRESS	5471 PALM CREST CT.		6.3 \$	STREET	ADDRESS	MINELLAS DANS	/ P = -	
CHY-SI-ZIP	PINELLAS PARK FL 34066	33782	6.4 0	CITY-S	T-ZIP	AINELLIA LUKI	ソトレー 33	3782
14 Lab book						tated in Section 119.07(3)(i). Florida Statutes	I further certify th	at the

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or trustee ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

STATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTO

Davtme Pho

Date

Daytme Phone # 0067651