

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 724032 (8)

1. Corporation Name
SPRINGWOOD VILLAS II, INC.



Principal Place of Business 10440 AZALEA PARK DRIVE PINELLAS PARK FL 34666 US	Mailing Address CUSTOM COMMUNITY MANAGEMENT 2331 BELLEAIR ROAD, SUITE D CLEARWATER FL 34624 US
---	--

3. Date Incorporated or Qualified 08/03/1972	
4. FEI Number 59-1646482-59-1646478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	29 Zip 33764
24 Country	30 Country

9. Name and Address of Current Registered Agent

**RANDAZZO, FRANK M. LCAM
CUSTOM COMMUNITY MANAGEMENT, INC
2331 BELLEAIR ROAD, SUITE 3
CLEARWATER FL 34624 33764**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PETRIKEN, MARIE	
STREET ADDRESS	10341 LARCHMONT PLACE	OK
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, DICK	
STREET ADDRESS	6434 LARCHMONT COURT	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LOWE, ED	
STREET ADDRESS	5480 PALM CREST CT.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HAAS, JACK	
STREET ADDRESS	10849 SANDALWOOD CT	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALTON, GEORGE	
STREET ADDRESS	10321 LARCHMONT PLACE	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOROW, OSCAR	
STREET ADDRESS	10451 AZALEA PARK DR	
CITY-ST-ZIP	PINELLAS PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Betty Simon N.P.
2.3 STREET ADDRESS	5409 Magnolia Trail
2.4 CITY-ST-ZIP	Pinellas Park, FL 33782
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Treas. William Carroll
3.3 STREET ADDRESS	5417 Magnolia Trail
3.4 CITY-ST-ZIP	Pinellas Park, FL 33782
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S Harriet Jackson
4.3 STREET ADDRESS	5388 Ferndale
4.4 CITY-ST-ZIP	Pinellas Park, FL 33782
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Richard Bennett
5.3 STREET ADDRESS	5434 Larchmont ct.
5.4 CITY-ST-ZIP	Pinellas Park, FL 33782
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Jack Haas
6.3 STREET ADDRESS	10649 Sandalwood ct.
6.4 CITY-ST-ZIP	Pinellas Park FL 33782

14. I 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 empowered 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 *Sandra B. Mortham* DATE **3/5/98**

CR2E037 (10/97)