

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **724032**

1. Entity Name
SPRINGWOOD VILLAS II, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90461 036 ****61.25

Principal Place of Business % CONDOMINIUM MANAGEMENT GROUP, INC. P.O. BOX 47068 ST. PETERSBURG FL 33743-7068 US	Mailing Address % CMG, INC PO BOX 47068 ST PETERSBURG FL 33743-7068 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1646478		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LISHEID, DEBRA R % CMG, INC 5530 1ST AVE N SAINT PETERSBURG FL 33710				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETRIKEN, MARIE		NAME	Connell, Edward	
STREET ADDRESS	10341 LARCHMONT PLACE		STREET ADDRESS	5400 Orange Blossom Rd.	
CITY-ST-ZIP	PINELLAS PARK FL 33782		CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, BETTY		NAME		
STREET ADDRESS	5409 MAGNOLIA TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 33782		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, WILLIAM		NAME	Kubiak, Sue	
STREET ADDRESS	5417 MAGNOLIA TRAIL		STREET ADDRESS	5401 Magnolia Trail	
CITY-ST-ZIP	PINELLAS PARK FL 33782		CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, HARRIET		NAME	Pettee, Robert	
STREET ADDRESS	5388 FERNDAL		STREET ADDRESS	5480 Lemon Tree Lane	
CITY-ST-ZIP	PINELLAS PARK FL 33782		CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, BOB		NAME		
STREET ADDRESS	5389 MAGNOLIA TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 33782		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, JACK		NAME		
STREET ADDRESS	10649 SANDALWOOD CT		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 33782		CITY-ST-ZIP		

12. 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 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: **X ROBERTA PETTEE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3-30-2000** Date Daytime Phone #

CR2E037 (9/99)