

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90022 030 ****61.25

DOCUMENT # 724032

1. Entity Name

SPRINGWOOD VILLAS II, INC.

Principal Place of Business

Mailing Address

5901 SUN BLVD #200
 SAINT PETERSBURG FL 33715
 US

5901 SUN BLVD #200
 SAINT PETERSBURG FL 33715
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1646478

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 **RESOURCE PROPERTY MANAGEMENT**

Street Address (P.O. Box Number is Not Acceptable)
5901 SUN BLVD,

ST. PETERSBURG FL

City

FL

Zip Code

33715

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

Alberto Fred

4/22/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD SIMON, BETTY**
 STREET ADDRESS **5409 MAGNOLIA TRAIL**
 CITY-ST-ZIP **PINELLAS PARK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD STEPHENS, AILEEN**
 STREET ADDRESS **5430 LARCHMONTS CT**
 CITY-ST-ZIP **PINELLAS PARK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD O'BLENIS, FRED**
 STREET ADDRESS **10658 HEATHER GLEN DR**
 CITY-ST-ZIP **PINELLAS PARK FL**

TITLE Change Addition
 NAME **SD NASSIDA, TONY**
 STREET ADDRESS **5404 SPRINGWOOD BLVD.**
 CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE Delete
 NAME **D PETEFF, NICK**
 STREET ADDRESS **10661 SANDALWOOD CT**
 CITY-ST-ZIP **PINELLAS PARK FL**

TITLE Change Addition
 NAME **D ZUKROWSKI, RAY**
 STREET ADDRESS **10616 SANDLEWOOD CT.**
 CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE Delete
 NAME **D BOMMATEI, LOU**
 STREET ADDRESS **10201 LARCHMONT PL**
 CITY-ST-ZIP **PINELLAS PARK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D GODICH, MIKE**
 STREET ADDRESS **5451 PALM CREST CT.**
 CITY-ST-ZIP **PINELLAS PARK, FL 33782**

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:

Betty Simon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

Daytime Phone #

541-7204

CR2E037 (9/01)