

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90051 015 ****61.25



DOCUMENT # 729183			
1. Entity Name SPREADING OAK VILLAGE, INC.			
Principal Place of Business 120 E COLONIAL DR ORLANDO FL 32801 US		Mailing Address 120 E COLONIAL DR ORLANDO FL 32801 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1579288			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent PIERCE, DAVID R 120 E COLONIAL DR ORLANDO FL 32801				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				City		Zip Code	
				FL			

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. I am familiar with, and accept the obligations of registered agent.

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

DATE: **2/7/05**

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDROWICZ, JERRY			NAME			
STREET ADDRESS	106 AUTUMN DR			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, SCOTT			NAME			
STREET ADDRESS	101 BUTTERNUT LANE			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARWICK, JAMES			NAME			
STREET ADDRESS	108 AUTUMN DR			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOERR, JOHN			NAME			
STREET ADDRESS	121 AUTUMN DR			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ROBERT			NAME			
STREET ADDRESS	100 AUTUMN DR			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: DATE: **2/7/05** DAYTIME PHONE #: **407 8720209**