

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739292

FILED
Jan 19, 2007
Secretary of State

Entity Name: SPRINGWOOD ESTATES, INC.

Current Principal Place of Business:

951 EYSTER BLVD
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1694 CEDAR ST
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 59-2193020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, LYNN
3804 LA FLOR DRIVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BOUCHER, M
Address: 3826 MURRELL RD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: COLUMBO, JOE
Address: 2351 W. EAU GALLIE BLVD., SUITE 1
City-St-Zip: MELBOURNE, FL 32935

Title: C () Delete
Name: COLLINS, SUSAN
Address: 152 WINDWARD WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D () Delete
Name: DROPSKI, CYNDI
Address: 680 W EAUGALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: P () Delete
Name: COOKE, DAVID
Address: 1694 CEDAR ST.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: MYERS, JIM
Address: 750 N. ATLANTIC AVE., SUITE 604
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COOKE, DAVID
Address: 1694 CEDAR ST.
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D (X) Change () Addition
Name: HAMENT, ANDREW S
Address: 1901 S. HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32901 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SARNO, STEVE P
Address: 6835 NARCOOSSEE ROAD, SUITE 1
City-St-Zip: ORLANDO, FL 32822 US

Title: P (X) Change () Addition
Name: RUDOLPH, BONNIE
Address: 800 INVERNESS AVENUE
City-St-Zip: MELBOURNE, FL 32940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN COLLINS

C

01/19/2007

Electronic Signature of Signing Officer or Director

Date