

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760705 (4)

1. Corporation Name
SPRINGWOOD LANDING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 672 EUSTIS FL 32727-0672 P O BOX 672 EUSTIS FL 32727-0672 US

3. Date Incorporated or Qualified 11/16/1981 3a. Date of Last Report 04/05/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2682376	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	24	25
24	25	29	30

9. Name and Address of Current Registered Agent

WILLIS JR, F.
1332 EUSTIS DRIVE
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name CYNTHIA KEUP
82 Street Address (P.O. Box Number is Not Acceptable) 1234 PALMETTO ROAD
83
84 City EUSTIS FL 85 Zip Code 32726

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 Cynthia Keup DATE 1/26/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLEY, NORMA		1.2 NAME	
STREET ADDRESS 1227 OVERLOOK RD		1.3 STREET ADDRESS	
CITY-ST-ZIP EUSTIS FL		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIS, JR F		2.2 NAME IRVING KELLY, IRENE	
STREET ADDRESS 1332 EUSTIS DRIVE		2.3 STREET ADDRESS 1231 OVERLOOK ROAD	
CITY-ST-ZIP EUSTIS FL		2.4 CITY-ST-ZIP EUSTIS, FLORIDA 32726	
TITLE PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KEUP, THOMAS		3.2 NAME BERG, DOROTHY	
STREET ADDRESS 1234 PALMETTO ROAD		3.3 STREET ADDRESS 1224 OVERLOOK ROAD	
CITY-ST-ZIP EUSTIS FL		3.4 CITY-ST-ZIP EUSTIS, FL 32726	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEUP, CYNTHIA		4.2 NAME	
STREET ADDRESS 1234 PALMETTO ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP EUSTIS FL		4.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUNLAP, NANCY		5.2 NAME	
STREET ADDRESS 1228 OVERLOOK RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP EUSTIS FL		5.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOLLERAN, TOM		6.2 NAME HOLLERAN, TOM	
STREET ADDRESS 1244 PALMETTO RD		6.3 STREET ADDRESS 1411 CLAY BLVD.	
CITY-ST-ZIP EUSTIS FL		6.4 CITY-ST-ZIP EUSTIS, FL 32726	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Cynthia Keup CYNTHIA KEUP DATE 1/26/96 (952) 588-6540
Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E037 (12/95)