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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 02/02/1996
4. FEI Number 59-2682376 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
KEUP, CYNTHIA
1234 PALMETTO RD.
EUSTIS FL 32726

10. Name and Address of New Registered Agent
81 Name Kelley, Judith
82 Street Address (P.O. Box Number is Not Acceptable) 1213 Overlook Rd.
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 *Judith Kelley* Judith Kelley DATE 4-10-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input 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 | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELL, IRENE | 2.2 NAME | |
| STREET ADDRESS | 1231 OVERLOOK RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | EUSTIS FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BERG, DOROTHY | 3.2 NAME | Poe, Rhonda |
| STREET ADDRESS | 1224 OVERLOOK RD. | 3.3 STREET ADDRESS | 1226 Overlook Rd. |
| CITY-ST-ZIP | EUSTIS FL | 3.4 CITY-ST-ZIP | Eustis, FL 32726 |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KEUP, CYNTHIA | 4.2 NAME | Kelley, Judith |
| STREET ADDRESS | 1234 PALMETTO ROAD | 4.3 STREET ADDRESS | 1213 Overlook Rd. |
| CITY-ST-ZIP | EUSTIS FL | 4.4 CITY-ST-ZIP | Eustis, FL 32726 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DUNLAP, NANCY | 5.2 NAME | Long, Laura |
| STREET ADDRESS | 1228 OVERLOOK RD. | 5.3 STREET ADDRESS | 1235 Overlook Rd. |
| CITY-ST-ZIP | EUSTIS FL | 5.4 CITY-ST-ZIP | Eustis, FL 32726 |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HOON, JIM | 6.2 NAME | Tosh, Gary |
| STREET ADDRESS | 1411 CLAY BLVD. | 6.3 STREET ADDRESS | 1233 Overlook Rd. |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)