


FILE NOW: FILING FEE IS \$61.25

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**Apr 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760705 (4)
1. Corporation Name
SPRINGWOOD LANDING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business P.O. BOX 672 EUSTIS FL 32727-0672	Mailing Address P O BOX 672 EUSTIS FL 32727-0672 US
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3. Date Incorporated or Qualified 11/16/1981	4. FEI Number 59-2682376	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KELLEY, JUDITH
1213 OVERLOOK RD
EUSTIS FL 32726**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	KELLEY, NORMA <input checked="" type="checkbox"/> DELETE	1.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1227 OVERLOOK RD	1.2 NAME	Ann Van Schaak
STREET ADDRESS	EUSTIS FL	1.3 STREET ADDRESS	1223 Overlook Rd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Eustis, FL
TITLE SD	KELL, IRENE <input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1231 OVERLOOK RD.	2.2 NAME	Thomas Holleran
STREET ADDRESS	EUSTIS FL	2.3 STREET ADDRESS	1244 Palmetto Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Eustis, FL
TITLE D	POE, RHONDA <input type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1226 OVERLOOK RD	3.2 NAME	Poe, Rhonda
STREET ADDRESS	EUSTIS FL	3.3 STREET ADDRESS	1226 Overlook Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Eustis, FL
TITLE TD	KELLEY, JUDITH <input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1213 OVERLOOK RD	4.2 NAME	Elaine Phillips
STREET ADDRESS	EUSTIS FL	4.3 STREET ADDRESS	1330 Eustis Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Eustis, FL
TITLE D	LONG, LAURA <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1235 OVERLOOK RD	5.2 NAME	
STREET ADDRESS	EUSTIS FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE VPD	TOSH, GARY <input type="checkbox"/> DELETE	6.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1233 OVERLOOK RD	6.2 NAME	Tosh, Gary
STREET ADDRESS	EUSTIS FL	6.3 STREET ADDRESS	1233 Overlook Rd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Eustis, FL

14. 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 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: Judith M. Kelley Judith M. Kelley 4-13-98 352-242-1800

CR2E037 (10/97)