


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 760705 (4)**  
1. Corporation Name  
**SPRINGWOOD LANDING HOMEOWNERS' ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified <b>11/16/1981</b>	4. FEI Number <b>59-2682376</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
--	------------------------------------	---	---

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>PD</b>	<b>KELLEY, NORMA</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1227 OVERLOOK RD</b>	1.2 NAME	<b>Ann Van Schaak</b>
STREET ADDRESS	<b>EUSTIS FL</b>	1.3 STREET ADDRESS	<b>1223 Overlook Rd.</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Eustis, FL</b>
TITLE <b>SD</b>	<b>KELL, IRENE</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1231 OVERLOOK RD.</b>	2.2 NAME	<b>Thomas Holleran</b>
STREET ADDRESS	<b>EUSTIS FL</b>	2.3 STREET ADDRESS	<b>1244 Palmetto Rd.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Eustis, FL</b>
TITLE <b>D</b>	<b>POE, RHONDA</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1226 OVERLOOK RD</b>	3.2 NAME	<b>Poe, Rhonda</b>
STREET ADDRESS	<b>EUSTIS FL</b>	3.3 STREET ADDRESS	<b>1226 Overlook Rd.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Eustis, FL</b>
TITLE <b>TD</b>	<b>KELLEY, JUDITH</b> <input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1213 OVERLOOK RD</b>	4.2 NAME	<b>Elaine Phillips</b>
STREET ADDRESS	<b>EUSTIS FL</b>	4.3 STREET ADDRESS	<b>1330 Eustis Rd.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Eustis, FL</b>
TITLE <b>D</b>	<b>LONG, LAURA</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1235 OVERLOOK RD</b>	5.2 NAME	
STREET ADDRESS	<b>EUSTIS FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<b>TOSH, GARY</b> <input type="checkbox"/> DELETE	6.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1233 OVERLOOK RD</b>	6.2 NAME	<b>Tosh, Gary</b>
STREET ADDRESS	<b>EUSTIS FL</b>	6.3 STREET ADDRESS	<b>1233 Overlook Rd.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Eustis, FL</b>

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)