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**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90029 027 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 760705

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

436414 - 90029 - 27 4 \*

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

Mailing Address  
 P O BOX 672  
 EUSTIS FL 32727-0672  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/16/1981	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-2682376	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/>	
25		30		\$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
27		32		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KELLEY, JUDITH 1213 OVERLOOK RD EUSTIS FL 32726				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	D
NAME	VAN SCHAAK, ANN	1.2 NAME	Van Schaak, Ann
STREET ADDRESS	1223 OVERLOOK RD	1.3 STREET ADDRESS	1223 Overlook Rd.
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	Eustis, FL
TITLE	D	2.1 TITLE	VPD
NAME	HOLLERAN, THOMAS	2.2 NAME	Andrews, David
STREET ADDRESS	1244 PALMETTO RD	2.3 STREET ADDRESS	1216 Overlook Rd.
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	Eustis, FL
TITLE	SD	3.1 TITLE	D
NAME	POE, RHONDA	3.2 NAME	Hoon, James
STREET ADDRESS	1226 OVERLOOK RD	3.3 STREET ADDRESS	1411 Clay Blvd.
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	Eustis, FL
TITLE	TD	4.1 TITLE	D
NAME	KELLEY, JUDOTH	4.2 NAME	Trapini, Louis
STREET ADDRESS	1213 OVERLOOK RD	4.3 STREET ADDRESS	226 Palmetto Rd.
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	Eustis, FL
TITLE	D	5.1 TITLE	
NAME	LONG, LAURA	5.2 NAME	
STREET ADDRESS	1235 OVERLOOK RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	TOSH, GARY	6.2 NAME	
STREET ADDRESS	1233 OVERLOOK RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Judith M. Kelley* DATE: 4-26-99 DAYTIME PHONE #: 352-242-1800

CR2E037 (11/98)