


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 08:00 AM
Secretary of State

| | | | |
|---|---------|---|---------|
| DOCUMENT # 760705 | |  | |
| 1. Entity 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 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E037 (11/03)

| | | | |
|---|--|--|--|
| 4. FEI Number 59-2682376 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| WILLIAMS, DAVID 1205 OVERLOOK RD EUSTIS FL 32726 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *David Williams* 3/13/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|---|
| TITLE | PD THOMPSON, RAY 1212 OVERLOOK RD EUSTIS FL 32726 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000058388 02/20/04-80028-005 61.25 |
| NAME | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | VD WILLIS, BARBARA E 1332 EUSTIS RD EUSTIS FL 32726 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | SD COX, DAPHNE 1204 OVERLOOK RD EUSTIS FL 32726 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | SD VATTER, MANDY 1218 OVER LOOK ROAD EUSTIS FL 32726 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | TD WILLIAMS, DAVE 1205 OVERLOOK RD EUSTIS FL 32726 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D VOLZ, ANGIE 1226 PALMETTO ROAD EUSTIS FL 32726 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Williams* 3/13/04 352-589-9979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #