2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# 768780

Entity Name: SPRINGTREE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 1137
P.O. BOX 1137
TITUSVILLE, FL 32781

New Principal Place of Business:

444-495 VALERIE DR
TITUSVILLE, FL 32796

Current Mailing Address:

P O BOX 1137
P.O. BOX 1137
TITUSVILLE, FL 32781

New Mailing Address:

P O BOX 1137
TITUSVILLE, FL 32781

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWOPE, PATRICIA
467 VALERIE DRIVE
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LEVESQUE, JODI	
Address:	4737 GUIL DR	
City-St-Zip:	MIMS, FL	
Title:	D	( ) Delete
Name:	BEAU, CHARVET	
Address:	474 VALERIE DRIVE	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	D	( ) Delete
Name:	LOWE, JERRI	
Address:	452 VALERIE DR.	
City-St-Zip:	TITUSVILLE, FL	
Title:	PD	( ) Delete
Name:	SWOPE, PATRICIA	
Address:	467 VALERIE DR	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	T	( ) Delete
Name:	SLAMA, PATRICIA	
Address:	485 VALERIE DR	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	TYME, TYME	
Address:	487 VALERIE DR	
City-St-Zip:	TITUSVILLE, FL 32796	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SLAMA T 04/11/2009
Electronic Signature of Signing Officer or Director — Date