

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768780

FILED
Jan 23, 2010
Secretary of State

Entity Name: SPRINGTREE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

444-495 VALERIE DR
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

P O BOX 1137
TITUSVILLE, FL 32781

New Mailing Address:

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
Name: LEVESQUE, JODI
Address: 4737 GUIL DR
City-St-Zip: MIMS, FL

Title: D
Name: LOWE, JERI
Address: 452 VALERIE DR.
City-St-Zip: TITUSVILLE, FL

Title: PD
Name: SWOPE, PATRICIA
Address: 467 VALERIE DR
City-St-Zip: TITUSVILLE, FL 32796

Title: T
Name: SLAMA, PATRICIA
Address: 485 VALERIE DR
City-St-Zip: TITUSVILLE, FL 32796

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA SLAMA

T

01/23/2010

Electronic Signature of Signing Officer or Director

Date