
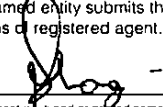
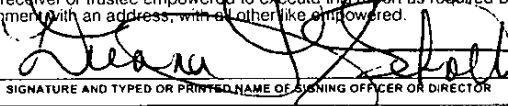


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90028 028 ****61.25

| | | | |
|--|---|---|---|
| DOCUMENT # N07706 1. Entity Name THE ESTATES AT SPRINGS LANDING HOMEOWNERS ASSOCIATION, INC. | |  | |
| Principal Place of Business 165 W SR 434 WINTER SPRINGS, FL 32708 US | | Mailing Address PO BOX 917043 WINTER SPRINGS, FL 32719 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address PO BOX 197043 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Winter Springs, FL | |
| Zip | Country | Zip 32719 | Country USA |
| 4. FEI Number 59-2920523 | | 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 PALMERSTON LLC 165 W SR 434 WINTER SPRINGS, FL 32708 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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  | | PAUL H. SWANSON - AGENT | |
| Signature typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHOTT, DEANA 2056 HUTTON POINT LONGWOOD, FL 32779 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEENAN, MARK 500 PICKFORD PT LONGWOOD, FL 32779 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Gary Grimes 2048 Hutton Point Longwood, FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MEAD, BARBARA 2077 BILTMORE PT LONGWOOD, FL 32779 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS WARD, CARMEN 507 ESTATES PLACE LONGWOOD, FL 32779 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director - Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Jose Valle Place 584 Estates Place Longwood, FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | | 2/21/07 407-327-5824 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone | |