

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07706

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** THE ESTATES AT SPRINGS LANDING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

390 WEST STATE RD.434  
SUITE 203  
LONGWOOD, FL 327504977 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 197043  
WINTER SPRINGS, FL 32719 US

**New Mailing Address:**

**FEI Number:** 59-2920523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALMERSTON LLC  
390 WEST S.R. 434 STE.203  
LONGWOOD, FL 327504977 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: P ( ) Delete  
Name: SCHOTT, DEANA  
Address: 2056 HUTTON POINT  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: GRIMES, GARY  
Address: 2048 HUTTON PT  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: BENITEZ, BETH  
Address: 780 MARKHAM WOODS RD  
City-St-Zip: LONGWOOD, FL 32779

Title: T ( ) Delete  
Name: WARD, CARMEN  
Address: 507 ESTATES PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete  
Name: VALLE, JOSE  
Address: 584 ESTATES PL  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FILIP, NICOLE  
Address: 488 PICKFORD POINT  
City-St-Zip: LONGWOOD, FL 32779

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: DERLE, JESSICA  
Address: 489 PICKFORD POINT  
City-St-Zip: LONGWOOD, FL 32779

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: CHELSEA BONO, EPM SERVICES

MGMT

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date