

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 PM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42638 (9)

1. Corporation Name
**SPRINGWOOD ESTATES HOME AND PROPERTY OWNERS ASSO
CIATION, INCORPORATED**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**15161 WILLOWOOD LN 15161 WILLOWOOD LN
SPRING HILL FL 34609 SPRING HILL FL 34609
US US**

3. Date incorporated or Qualified **03/19/1991** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-3058597** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 29. Zip Country 30. Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MISKUF, RAYMOND J.
15161 WILLOWOOD LN
SPRING HILL FL 34609**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **JENNINGS, JANIE**
STREET ADDRESS **15311 WOODCREST RD**
CITY - ST - ZIP **SPRING HILL FL**

1.1 TITLE **P/D** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D**
NAME **MITCHELL, CAROL**
STREET ADDRESS **15170 EASTWOOD TRL**
CITY - ST - ZIP **SPRING HILL FL**

2.1 TITLE **S/D** Change Addition
2.2 NAME **ELLEN MESKO**
2.3 STREET ADDRESS **3325 SPRING PARK WAY**
2.4 CITY - ST - ZIP **SPRING HILL, FL, 34609**

TITLE **D**
NAME **MISKUF, RAYMOND**
STREET ADDRESS **15161 WILLOWOOD LN**
CITY - ST - ZIP **SPRING HILL FL**

3.1 TITLE **T/D** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D**
NAME **FREZZA, GUY**
STREET ADDRESS **15233 EASTWOOD TRL**
CITY - ST - ZIP **SPRING HILL FL**

4.1 TITLE **D** Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D**
NAME **HARCOURT, JAMES**
STREET ADDRESS **15161 WOODBURY RD**
CITY - ST - ZIP **SPRING HILL FL**

5.1 TITLE **V/D** Change Addition
5.2 NAME **THERESA NEIL**
5.3 STREET ADDRESS **15148 WOODBURY RD.**
5.4 CITY - ST - ZIP **SPRING HILL, FL. 34609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond J. Miskuf Treasurer 4/24/95 904-799-1064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR