

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N42638 (9)**

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



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

3. Date Incorporated or Qualified: 03/19/1991  
3a. Date of Last Report: 04/28/1995

21. Principal Place of Business: 15311 Woodcrest Rd  
22. Mailing Address: 15311 Woodcrest Rd

4. FEI Number: 59-3058597  
Applied For: Not Applicable

23. Suite, Apt. #, etc.:  
24. City & State: Spring Hill, FL

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

25. City & State: Spring Hill, FL  
26. Zip: 34609, Country: U.S.A.

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

27. Zip: 34609, Country: U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MISKUF, RAYMOND J.  
15161 WILLOWOOD LN  
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent  
81. Name: JENNINGS, JANIE  
82. Street Address (P.O. Box Numbers Not Acceptable): 15311 WOODCREST RD  
83.  
84. City: Spring Hill, FL 85. Zip Code: 34609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *James Jennings* (Current Agent)     *Janie Jennings* (New Agent)     4/29/96 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	JENNINGS, JANIE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 15311 WOODCREST RD		1.2 NAME:	
CITY-ST-ZIP: SPRING HILL FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: SD	MESKO, ELLEN	1.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3325 SPRING PARK WAY		2.1 TITLE:	SECRETARY SD
CITY-ST-ZIP: SPRING HILL FL	<input type="checkbox"/> DELETE	2.2 NAME:	PAUL PARAVATY
TITLE: TD	MISKUF, RAYMOND	2.3 STREET ADDRESS:	4117 CLEAR SPRING RD
STREET ADDRESS: 15161 WILLOWOOD LN		2.4 CITY-ST-ZIP:	SPRING HILL FL 34609
CITY-ST-ZIP: SPRING HILL FL	<input type="checkbox"/> DELETE	3.1 TITLE:	TREASURER TD
TITLE: D	FREZZA, GUY	3.2 NAME:	William Mayoral
STREET ADDRESS: 15233 EASTWOOD TRL		3.3 STREET ADDRESS:	15074 Copeland Way
CITY-ST-ZIP: SPRING HILL FL	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	SPRING HILL, FL 34609
TITLE: VD	NEIL, THERESA	4.1 TITLE:	DIRECTOR D
STREET ADDRESS: 15148 WOODBURY ROAD		4.2 NAME:	CAROL FREZZA
CITY-ST-ZIP: SPRING HILL FL	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	15233 EASTWOOD TR.
TITLE:		4.4 CITY-ST-ZIP:	SPRING HILL FL
NAME:		5.1 TITLE:	VICE-PRESIDENT VD
STREET ADDRESS:		5.2 NAME:	ROBERT MESKO
CITY-ST-ZIP:		5.3 STREET ADDRESS:	3325 SPRING PARK WAY
TITLE:		5.4 CITY-ST-ZIP:	SPRING HILL FL 34609
NAME:		6.1 TITLE:	THERESA NEIL DIRECTOR
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	15148 WOODBURY RD
TITLE:		6.4 CITY-ST-ZIP:	SPRING HILL, FL 34609

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 119.07(3)(4), 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: *William Mayoral* (William Mayoral)     4/29/96     (352) 754-8622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #

CR2E037 (12/95)