

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 15311 WOODCREST ROAD, SPRING HILL FL 34609 US
Mailing Address: 15311 WOODCREST ROAD, SPRING HILL FL 34609-0674 US

3. Date Incorporated or Qualified: 03/19/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: 59-3058597
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

9. Name and Address of Current Registered Agent
JENNING, JANIE
15311 WOODCREST ROAD
SPRING HILL FL 34609

10. Name and Address of New Registered Agent
81 Name: Theresa W Neil
82 Street Address: 15148 Woodbury Rd
83 City: Spring Hill
84 State: FL
85 Zip Code: 34609

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 617.1503, Florida Statutes.

SIGNATURE: Theresa W Neil
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 5-6-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JENNINGS, JANIE	
STREET ADDRESS	15311 WOODCREST RD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PARAVATY, PAUL	
STREET ADDRESS	4117 CLEAR SPRINGS ROAD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MAYORAL, WILLIAM	
STREET ADDRESS	15074 COPELAND WAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREEZA, CAROL	
STREET ADDRESS	15233 EASTWOOD TRAIL	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MESKO, ROBERT	
STREET ADDRESS	3325 SPRING PARK WAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEIL, THERESA	
STREET ADDRESS	15148 WOODBURY ROAD	
CITY-ST-ZIP	SPRING HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joacuelge Talos
2.3 STREET ADDRESS	15291 Woodbury Rd
2.4 CITY-ST-ZIP	Spring Hill FL 34609
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lucy Roberts
3.3 STREET ADDRESS	15350 Eastwood Trl
3.4 CITY-ST-ZIP	Spring Hill FL 34609
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lee Moe Salmon
4.3 STREET ADDRESS	15187 Traverse Lane
4.4 CITY-ST-ZIP	Spring Hill FL 34609
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Theresa W Neil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5-6-97
Daytime Phone #: 0000526

CR2E037 (9/96)