

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42638 (9)**

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



Principal Place of Business <b>15311 WOODCREST ROAD SPRING HILL FL 34609 US</b>	Mailing Address <b>15311 WOODCREST ROAD SPRING HILL FL 34609 US</b>
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3. Date Incorporated or Qualified  
**03/19/1991**

4. FEI Number  
**59-3058597**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**NEIL, THERESA W  
15148 WOODBURY RD  
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

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

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 *Theresa W Neil* DATE **1-6-98**

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	TALOS, JACQUELINE	
STREET ADDRESS	15291 WOODCREST RD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, LUCITA	
STREET ADDRESS	15350 EASTWOOD TRAIL	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALMON, LEE MOE	
STREET ADDRESS	15187 TRAVERSE LN	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MESKO, ROBERT	
STREET ADDRESS	3325 SPRING PARK WAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	TD	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Gerald Klein</b>
3.3 STREET ADDRESS	<b>15163 Eastwood Tr Spring Hill FL</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Fred Yaller</b>
5.3 STREET ADDRESS	<b>4050 Benchmark Tr Spring Hill FL</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>800002460148</b>
6.3 STREET ADDRESS	<b>-03/18/98--01003--018</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

14. I 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* DATE: **1-6-98** **1998034**

CR2E037 (10/97)