

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90547 016 ****61.25

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04082005 Chg-NP CR2E037 (10/03)

DOCUMENT # N99000000983 1. Entity Name SPRING GLEN HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business % LELAND MANAGEMENT INC. 1633 E. VINE ST. SUITE 110 KISSIMMEE, FL 34744		Mailing Address % LELAND MANAGEMENT INC. 1633 E. VINE ST. SUITE 110 KISSIMMEE, FL 34744	
2. Principal Place of Business Leland Management 8009 South Orange Avenue Orlando, FL 32809		3. Mailing Address Leland Management 8009 South Orange Avenue Orlando, FL 32809	
4. FEI Number 59-3471540	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FURLOW, REBECCA 1633 E VINE ST SUITE 110 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name: Leland Management Street: 8009 South Orange Avenue Orlando, FL 32809 City: FL Zip Code:	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Rebecca Furrow</u> Agent DATE: <u>4/18/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MOLINARIO, ANTHONY JR STREET ADDRESS 19 SPRING GLEN DRIVE CITY-ST-ZIP DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	TITLE Treasurer NAME Terry Morgan STREET ADDRESS 105 Spring Glen Drive CITY-ST-ZIP Debary, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME BERING, JACK STREET ADDRESS 21 SPRING GLENN DRIVE CITY-ST-ZIP DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	TITLE Director NAME Raymond Desvignes STREET ADDRESS 140 Spring Glen Drive CITY-ST-ZIP Debary, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SC DS NAME SLEZAK, ROBERT STREET ADDRESS 98 SPRING GLEN DRIVE CITY-ST-ZIP DEBARY, FL 32713	<input type="checkbox"/> Delete	TITLE VP NAME KENETH WEBSTER STREET ADDRESS 122 Spring Glen Dr. CITY-ST-ZIP DEBARY, FL 32713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CHILDERS, NANCY STREET ADDRESS 138 SPRING GLEN DRIVE CITY-ST-ZIP DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Michael Castillo STREET ADDRESS 146 SPRING GLEN DR. CITY-ST-ZIP DEBARY, FL 32713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BELL, GLORIA STREET ADDRESS 51 SPRING GLEN DRIVE CITY-ST-ZIP DEBARY, FL 32713	<input type="checkbox"/> Delete	TITLE D NAME BRAD SHERMAN STREET ADDRESS 144 SPRING GLEN DR. CITY-ST-ZIP DEBARY, FL 32713	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Michael B. Castillo</u>		Michael B. Castillo 4/14/05 386-688-9200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	