FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 743635

(5)

SPRINGHILL PROPERTY OWNERS' ASSOCIATION, INC.										
Principal Place	Mailing Address	Address								
P.O. BOX 5372 P.O. BOX 5372										
24			1372			1				
ENGL HOTTITE OFFICE CONC. HOTTITE OF			···				3. Date incorporated or Qualified 07/19/1978	3a. Date	of Last 6/21/1	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26					4. FEI Number 59-1850122		+	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & State		City & State					Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	d			intry			8. This corporation has liability for in	tangible tax		
24	25	29	30	•			·	Yes N		, ,00.002,
	9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered A	jent	
8					Name					
GEMMER, RON 5449 SANDHURST CT SOUTH				82	Street	Addres	s (P.O. Box Number is Not Acceptable	9)		
	ORTH FL 33463			83						
•				84	City				85 Zi	ip Code
								FL		
or register	to the provisions of Sections 617.0502 ed agent, or both, in the State of Floric	la. Such change was authorized	, the abo I by the o	orpx	named co oration's	orporation of the control of the con	on submits this statement for the purp of directors. I hereby accept the appo	ose of chan ntment as re	ging its i ogisterec	registered office d agent. I am
	th, and accept the obligations of, Secti	on 617.0503, Florida Statutes.								
SIGNATURE _	Signature, typed or printed name of registered agent	and title it applicable. (NOTI	: Registered	l Ag en	t signature	required w	nen reinstatingi	DATE		
12.	OFFICERS AND		13.			1	ADDITIONS/CHANGES TO OFFICE			
TITLE	PD Gemmer, Ron	DELETE	1.1 TITLE					L	Change	☐ Addition
NAME OTREET ADDRESS	5449 SANDHURST CT S		1.2 NAME 1.3 STREE		ADDDCCC					
STREET ADDRESS CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY -							
TITLE	TD	DELETE	2.1 TO		ii-Zir	11	LANET 4 COOK.	Z	Change	☐ Addition
NAME	BELLEFONTAINE, RON	• •	2.2 NAME			44.	AKRIETI H. COOK. 5273 WOODSHOWE CI LAKE WOETH FL	.w.		
STREET ADDRESS	5354 PLAINS DR		2.3 STREE		ADDRESS	1 '	LAKE INDER E	2 3 ch =	2.	
CITY-ST-ZIP	LAKE WORTH FL	<u>-</u>	2. 4 CITY-		ST-ZiP	<u> </u>	-AINE WIGHTA			***
TITLE	VD	DELETE	3.1 TI	-					Change	☐ Addition
NAME	MILLER, ARTHUR 5421 SANDHURST CT S		3.2 NAME							
STREET ADDRESS CITY-ST-ZIP	LAKE WORTH FL		3.3 STREE 3.4. CITY-							
TITLE	SD	DELETE	4.1 TITLE		51-2Ir	5		12	Change	Addition
NAME	MCMAHAN, PEGGY	-	4. 2 NAME			ี่จ	TAN PYLMAN	_	-	
\$TREET ADDRESS	5217 WOODSTONE S		4.3 STREET		ADDRESS		125 Weedstonk CL.So.			
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-1		F-ZIP	人	KEWORTH FI. 33463			
TITLE		DEFELE	5 1 TITLE			T			Change	☐ Addition
NAME			52 NAME							
STREET ADDRESS			5.3 STREET							
CITY-ST-ZIP		DELETE	5.4 CITY - 5		T-ZIP	-			Change	☐ Addition
TITLE		Phereis	61 TITLE			1		L	Onanyo	T VACIORO
NAME STREET ADDRESS			6.2 NAME		ADDRESS					
CITY-ST-ZIP					T-ZIP					
	by certify that the information supplied v	vith this filing is voluntarily fumis				alify for	the exemption stated in Section 119.0	7(3)(k), Florid	da Statu	ites. 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 transport, or on an attachment with an address.

RON A. GEMMER:

4-26-96

407-739-3103

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #