

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 # N30768 (8)
1. Corporation Name
SPRINGWOOD ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**9108 US 19
PORT RICHEY FL 34668**

**15223 EASTWOOD TRAIL
SPRING HILL FL 34609**

2. Principal Place of Business

2a. Mailing Address

21 15223 EASTWOOD TR. SP. HILL, FL 34609

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 EASTWOOD TR.

27

City & State

City & State

23 SPRING HILL FL.

28

Zip

Country

Zip

Country

24 34609

25 FLORIDA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/20/1989

3a. Date of Last Report

01/30/1995

4. FEI Number

59-3007838

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Glenna C. Mitchell

GLENN C. MITCHELL

4/26/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **MITCHELL, DEWEY D**
STREET ADDRESS **9108 US 19**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **DT** ☒ DELETE

NAME **JOHNSTON, MICHAEL T**
STREET ADDRESS **9108 US 19**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **DS** ☒ DELETE

NAME **BUERKERT, MARIE C**
STREET ADDRESS **9108 US 19**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **GLENN C MITCHELL**
1.3 STREET ADDRESS **15223 EASTWOOD TRAIL**
1.4 CITY-ST-ZIP **SPRING HILL, FLORIDA 34609**

2.1 TITLE **DT** ☒ Change ☐ Addition

2.2 NAME **PAUL PARAVATY**
2.3 STREET ADDRESS **4117 CLEAR SPRING RD.**
2.4 CITY-ST-ZIP **SPRING HILL FLORIDA 34609**

3.1 TITLE **DS** ☒ Change ☐ Addition

3.2 NAME **GRACE DESNOBS**
3.3 STREET ADDRESS **15183 EASTWOOD TRAIL**
3.4 CITY-ST-ZIP **SPRING HILL FLORIDA 34609**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Glenna C. Mitchell

GLENN C. MITCHELL

4/26/96

813-854-2351 4308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)