

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743635

FILED
Apr 07, 2008
Secretary of State

Entity Name: SPRINGHILL PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5193 WOODSTONE CIRCLE EAST
LAKE WORTH, FL 33463 PB

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 540051
LAKE WORTH, FL 33454

New Mailing Address:

FEI Number: 59-1850122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON-GREFF, CAROL G TREASUR
5193 WOODSTONE CIRCEL EAST
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PIASIO, TINA
Address: 5187 WOODSTONE CIRCEL E
City-St-Zip: LAKE WORTH, FL 33463 PB

Title: TD () Delete
Name: JOHNSON-GREFF, CAROL
Address: 5193 WOODSTONE CIRCLE EAST
City-St-Zip: LAKE WORTH, FL 33463 PB

Title: PD () Delete
Name: FONG, MARLYN
Address: 5236 WOODSTONE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463 PB

Title: D () Delete
Name: ZIETSMAN, UVES
Address: 5373 FOX VALLEY
City-St-Zip: LAKE WORTH, FL 33463 PB

Title: VD () Delete
Name: CAMIRE, WILLIAM
Address: 569 WOODSTONE CIRCLE EAST
City-St-Zip: LAKE WORTH, FL 33463 PB

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CAMIRE, WILLIAM
Address: 5169 WOODSTONE CIRCLE EAST
City-St-Zip: LAKE WORTH, FL 33463 PB

Title: D (X) Change () Addition
Name: CARACCIO, LARRY
Address: 5421 SANDHURST CIRCLE SOUTH
City-St-Zip: LAKE WORTH, FL 33463 PB

Title: VD (X) Change () Addition
Name: GREFF, JOSEPH
Address: 5193 WOODSTONE CIRCLE EAST
City-St-Zip: LAKE WORTH, FL 33463 PB

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL G JOHNSON-GREFF

TRE

04/07/2008

Electronic Signature of Signing Officer or Director

Date