2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724032

Entity Name: SPRINGWOOD VILLAS II, INC.

Current Principal Place of Business:

3001 EXECUTIVE DRIVE, SUITE 260

CLEARWATER, FL 33762

Current Mailing Address:

3001 EXECUTIVE DRIVE,

SUITE 260

CLEARWATER, FL 33762 US

FEI Number: 59-1646478 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANKINS LAW GROUP 2535 LANDMARK DR STE 212

CLEARWATER, FL 33761 US

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: MELISSA MANKIN 02/15/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

Name AMALFITANO , HANK Name BAGLEY, KELLY

Address 3001 EXECUTIVE DRIVE, Address 3001 EXECUTIVE DRIVE,

SUITE 260 SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title VP Title TREASURER

Name CABRAL, PAULA Name BALL, WILLIAM

Address 3001 EXECUTIVE DRIVE, Address 3001 EXECUTIVE DRIVE, SUITE 260 SUITE 260

30112

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 BRANDL, ROBERT
 Name
 GOSS, BECKY

Address 3001 EXECUTIVE DRIVE, Address 3001 EXECUTIVE DRIVE,

SUITE 260 SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name GOVE, LINDA

Address 3001 EXECUTIVE DRIVE.

SUITE 260

City-State-Zip: CLEARWATER FL 33762

I hereby 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 all other like empowered.

SIGNATURE: AMALFITANO, HANK PRESIDENT 02/15/2016

FILED Feb 15, 2016

Secretary of State

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