

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724032

Entity Name: SPRINGWOOD VILLAS II, INC.**Current Principal Place of Business:**9887 FOURTH STREET NORTH
STE 301
ST PETERSBURG, FL 33702**Current Mailing Address:**9887 FOURTH STREET NORTH
STE 301
ST PETERSBURG, FL 33702 US**FEI Number:** 59-1646478**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIA GULF COAST, INC
9887 FOURTH STREET NORTH
STE 301
ST PETERSBURG, FL 33702 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:** MICHAEL FLEMING

02/20/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DUVAL, DONNA
Address 9887 FOURTH STREET NORTH #301
City-State-Zip: ST. PETERSBURG FL 33702

Title SD
Name BAGLEY, KELLY
Address 9887 FOURTH STREET NORTH #301
City-State-Zip: ST. PETERSBURG FL 33702

Title D
Name CABRAL, PAULA
Address 9887 FOURTH STREET NORTH, #301
City-State-Zip: ST. PETERSBURG FL 33702

Title D
Name CIPOLLA, ANTHONY
Address 9887 FOURTH STREET NORTH, #301
City-State-Zip: ST. PETERSBURG FL 33702

Title PRESIDENT
Name FLOOD, MAURICE
Address 9887 FOURTH STREET NORTH
STE 301
City-State-Zip: ST PETERSBURG FL 33702

Title TREASURER
Name KEHER, DONNA
Address 9887 FOURTH STREET NORTH
STE 301
City-State-Zip: ST PETERSBURG FL 33702

Title VP
Name ZILORA, MICHAEL
Address 9887 FOURTH STREET NORTH
STE 301
City-State-Zip: ST PETERSBURG FL 33702

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: MAURICE FLOOD

PRESIDENT

02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date