

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739292

Entity Name: SPRINGWOOD ESTATES, INC.**Current Principal Place of Business:**951 EYSTER BLVD
ROCKLEDGE, FL 32955**Current Mailing Address:**1694 CEDAR ST.
ROCKLEDGE, FL 32955 US**FEI Number:** 59-2193020**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COOKE, DAVID
1694 CEDAR ST.
ROCKLEDGE, FL 32955 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	COLLINS, SUSAN
Address	152 WINDWARD WAY
City-State-Zip:	INDIAN HARBOR BEACH, FL 32937

Title	PRESIDENT
Name	COOKE, DAVID
Address	1694 CEDAR ST.
City-State-Zip:	ROCKLEDGE FL 32955

Title	CHAIRMAN
Name	RUDOLPH, BONNIE J
Address	1851 HIGHWAY A1A UNIT 4102
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

Title	DIRECTOR
Name	KELSO , JUDITH
Address	3863 LA FLOR DRIVE
City-State-Zip:	ROCKLEDGE FL 32955

Title	TREASURER
Name	DURANTE , MIKE
Address	8035 SPYGLASS HILL ROAD
City-State-Zip:	MELBOURNE FL 32940

Title	SECRETARY
Name	PASSA, SHELLY
Address	645 LAW ST.
City-State-Zip:	MELBOURNE FL 32935

Title	VC
Name	DOSHIER , ALAN
Address	136 LANSING ISLAND DRIVE
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

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: DAVID COOKE**PRESIDENT/CEO****01/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date