

2020 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:**HUDSON, LYNN
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:** LYNN HUDSON

01/14/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-------------------------------|
| Title | DIRECTOR |
| Name | COLLINS, SUSAN |
| Address | 409 TRADEWINDS DRIVE |
| City-State-Zip: | INDIAN HARBOR BEACH, FL 32937 |

| | |
|-----------------|--------------------|
| Title | VP/CFO |
| Name | HUDSON, LYNN |
| Address | 1694 CEDAR ST. |
| City-State-Zip: | ROCKLEDGE FL 32955 |

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

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

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: LYNN HUDSON

VICE PRESIDENT

01/14/2020

Electronic Signature of Signing Officer/Director Detail

Date