

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756435

**FILED**  
**Apr 06, 2022**  
**Secretary of State**  
**7247859470CC**

**Entity Name:** SPICEWOOD VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3715 GOLF ROAD  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

3715 GOLF ROAD  
BOYNTON BEACH, FL 33436 US

**FEI Number: 59-2098934**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TENNYSON, RT R  
16167 CADENCE PASS  
JUPITER, FL 33478 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           TREASURER  
Name           MCCARROLL, RICHARD  
Address        10679 SPICEWOOD TRAIL  
City-State-Zip: BOYNTON BEACH FL 33436

Title           VP, COO  
Name           LANGLEY, WILLIAM E  
Address        3715 GOLF ROAD  
City-State-Zip: BOYNTON BEACH FL 33436

Title           SECRETARY  
Name           HOLDA, JOHN  
Address        10738 SPICEWOOD TRAIL  
City-State-Zip: BOYNTON BEACH FL 33436

Title           PRESIDENT  
Name           MCLEAN, THOMAS  
Address        10618 SPICEWOOD TRAIL  
City-State-Zip: BOYNTON BEACH FL 33436

Title           VP  
Name           LEIDER, GERALD  
Address        10739 SPICEWOOD TRAIL  
City-State-Zip: BOYNTON BEACH FL 33436

Title           ASST. SECRETARY  
Name           LARRABEE, BARBARANN  
Address        3715 GOLF ROAD  
City-State-Zip: BOYNTON BEACH FL 33436

Title           ASST. TREASURER  
Name           TRANSLEAU, ANDREW  
Address        3715 GOLF ROAD  
City-State-Zip: BOYNTON BEACH FL 33436

*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: WILLIAM E. LANGLEY**

**VP, COO**

**04/06/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date