

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 30, 2011**  
**Secretary of State**

DOCUMENT# 713967

**Entity Name:** SPRINGWOOD VILLAS, INC., NO. 1, A CONDOMINIUM**Current Principal Place of Business:**9887 FOURTH STREET NORTH  
SUITE 301  
SAINT PETERSBURG, FL 33702 US**New Principal Place of Business:**C/O QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY. 19, SUITE 7Q  
NEW PORT RICHEY, FL 34652 US**Current Mailing Address:**9887 FOURTH STREET NORTH  
SUITE 301  
SAINT PETERSBURG, FL 33702 US**New Mailing Address:**C/O QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY. 19, SUITE 7Q  
NEW PORT RICHEY, FL 34652 US**FEI Number:** 59-1861102**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RAMPART PROPERTIES INC  
9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US**Name and Address of New Registered Agent:**QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY. 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 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: MARY A. WHITE

11/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOLLOWAY, LORIENE  
Address: 5901 US HWY. 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP  
Name: GOODWIN, JIM  
Address: 5901 US HWY. 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TREA  
Name: WRIGHT, JANE  
Address: 5901 US HWY. 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D  
Name: HENGY, BUD  
Address: 5901 US HWY. 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D  
Name: CURRAN, RUTH  
Address: 5901 US HWY. 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D  
Name: THOMPSON, DOROTHY  
Address: 5901 US HWY. 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: LORIENE HOLLOWAY

PRES

11/30/2011

Electronic Signature of Signing Officer or Director

Date