NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2005 8:00 am
Secretary of State
03-08-2005 90168 022 ****61.25

DOCUMENT # 724032

1. Entity Name
SPRINGWOOD VILLAS II, INC.

40028229

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2. Principal Place of Business	3. Mailing Address
JIM NOBLES MANAGER	JIM NOBLES MANAGER
Suite, Apt. #, etc.: 251 WINDWARD PASS. SUITE F	Suite, Apt. #, etc.: 251 WINDWARD PASS SUITE F
City & State: CLEARWATER, FL.	City & State: CLEARWATER, FL.
Zip: 33767 Country: -	Zip: 33767 Country: PINE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1646478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: NOBLES MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable): 251 WINDWARD PASSAGE, SUITE F
City: CLEARWATER FL Zip Code: 33767

8. 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: Sharon Murphy 2-28-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	
NAME	MARJORIE PAIGE	
STREET ADDRESS	5443 MAGNOLIA TRAIL	
CITY-ST-ZIP	PINELLAS PARK, FL. 33782	
TITLE	VPD	
NAME	JACK HAAS	
STREET ADDRESS	10649 SANDLEWOOD CT.	
CITY-ST-ZIP	PINELLAS PARK, FL. 33782	
TITLE	TD	
NAME	DOTTIE BENNETT	
STREET ADDRESS	5434 LARCHMONT CT.	
CITY-ST-ZIP	PINELLAS PARK, FL. 33782	
TITLE	SD	
NAME	LOUISE CLAUSEN	
STREET ADDRESS	5427 ORANGE BLOSSOM Rd	
CITY-ST-ZIP	PINELLAS PARK, FL. 33782	
TITLE	D	
NAME	TONY NASSIDA	
STREET ADDRESS	5464 SPRINGWOOD BLVD	
CITY-ST-ZIP	PINELLAS PARK, FL. 33782	
TITLE	D	
NAME	EDELGARD ASHCRAFT	
STREET ADDRESS	5388 FERNDALE PL.	
CITY-ST-ZIP	PINELLAS PARK FL. 33782	

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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy M Bennett 3/1/05 727-546-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #