FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738402 (7)

1. Corporation Name

SPRINGWOOD VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 280344 PORT ORANGE FL 32129	P.O. BOX 280344 PORT ORANGE FL 32129

3. Date Incorporated or Qualified: 03/18/1977
3a. Date of Last Report: 06/23/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1796883 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHARLES WALLACE
151 SWEETGUM LANE
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name: PHYLLIS P. DIXON
82 Street Address (P.O. Box Number is Not Acceptable): 6199 SEQUOIA DRIVE
83
84 City: PORT ORANGE FL 85 Zip Code: 32127

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Phyllis P. Dixon — PHYLLIS P. DIXON, Sec/Treas. — 4-22-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	GEORGE CLEVENGER		1.2 NAME	
STREET ADDRESS	89 MOONSTONE COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ORANGE FL		1.4 CITY-ST-ZIP	32119
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	CHARLES WALLACE		2.2 NAME	
STREET ADDRESS	151 SWEETGUM LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PT ORANGE FL		2.4 CITY-ST-ZIP	32119
TITLE	SDTD	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	DIXON, PHYLLIS		3.2 NAME	
STREET ADDRESS	6199 SEQUOIA DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ORANGE FL		3.4 CITY-ST-ZIP	32127
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phyllis P. Dixon — PHYLLIS P. DIXON — 4-22-96 — 904-761-1973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #