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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 738402 (7)

1. Corporation Name
SPRINGWOOD VILLAGE HOMEOWNER'S ASSOC., INC.

Principal Place of Business	Mailing Address
P.O. BOX 290344 PORT ORANGE, FL 32129	P.O. BOX 290344 PORT ORANGE, FL 32129

3. Date Incorporated or Qualified: 03-18-1977	3a. Date of Last Report: 1996		
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 59-1796883	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PHYLLIS P. DIXON 6199 SEQUOIA DR. PORT ORANGE, FL 32127	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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, Sec./Treas. DATE: 5-26-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JAMES SIMPSON		1.2 NAME	
STREET ADDRESS	106 MOONSTONE COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32119		1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHARLES WALLACE		2.2 NAME	
STREET ADDRESS	151 SWEETGUM LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32119		2.4 CITY-ST-ZIP	
TITLE	SECRETARY-TREASURER STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PHYLLIS P. DIXON		3.2 NAME	
STREET ADDRESS	6199 SEQUOIA DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32127		3.4 CITY-ST-ZIP	
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	300002207153
STREET ADDRESS			6.3 STREET ADDRESS	-06/10/97--01027--035
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25

RW 5-30-97

CR2E037 (9/96)

14. I do 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 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 5-26-97 904-761-1973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #