FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State
06-09-1999 90025 008 ****61.25

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DOCUMENT # 738402

1. Corporation Name

SPRINGWOOD VILLAGE HOMEOWNER'S ASSOCIATION, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/18/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1796883 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~PHYLLIS P. DIXON~~
~~6199 SEQUOIA DRIVE~~
~~PORT ORANGE FL 32127~~

SHARON Childress
132 Moonstone Ct
Port Orange FL
32119

10. Name and Address of New Registered Agent

81 Name: SHARON Childress
82 Street Address (P.O. Box Number is Not Acceptable)
83 132 Moonstone CT
84 City PORT ORANGE FL 85 Zip Code 32119

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 SHARON Childress — Sharon Childress — 6-7-99
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, ~~JAMES~~ MICHELE		1.2 NAME	
STREET ADDRESS	106 MOONSTONE COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ORANGE FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ 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	
TITLE	STD	☐ 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	
TITLE	Secretary	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LINDA ~~SABINO~~ SABINO		4. 2 NAME	
STREET ADDRESS	161 Moonstone ct.		4.3 STREET ADDRESS	
CITY-ST-ZIP	Port Orange Fl 32119		4.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SHARON Childress		5.2 NAME	
STREET ADDRESS	132 Moonstone ct.		5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119		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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SHARON Childress — 6-7-99 — 904/788-4130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sharon Childress