

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738402

1. Entity 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 32129-0344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1796883

Applied For
Not

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHILRESS, SHARON
132 MOONSTONE CT
DAYTONA BEACH FL 32119

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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	☐ Delete
NAME	SIMPSON, MICHELE	
STREET ADDRESS	106 MOONSTONE COURT	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE	VPD	☐ Delete
NAME	CHARLES WALLACE	
STREET ADDRESS	151 SWEETGUM LANE	
CITY-ST-ZIP	PT ORANGE FL	
TITLE	SD	☐ Delete
NAME	SABINO, LINDA	
STREET ADDRESS	161 MOONSTONE CT	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	TD	☐ Delete
NAME	CHILRESS, SHAREN	
STREET ADDRESS	132 MOONSTONE CT	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon Chilress*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2000 904/788-4131

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90132 002 ****61.25



DO NOT WRITE IN THIS SPACE