2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State
01-23-2002 90066 024 ****61.25

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

DO NOT WRITE IN THIS SPACE

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 Applicable

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TELLIER, DIANNE 196 MOONSTONE CT PORT ORANGE FL 32119	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRIAN FORD 180 MOONSTONE CT PORT ORANGE, FL 32129 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHARLES WALLACE 151 SWEETGUM LANE PT ORANGE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DONALD WOLFE 181 MOONSTONE CT PORT ORANGE, FL 32129 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SABATINO, LINDA 161 MOONSTONE CT DAYTONA BEACH FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32129 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHILRESS, SHAREN 132 MOONSTONE CT DAYTONA BEACH FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHARON 32129 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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

SIGNATURE: Sharon Chilress 1-10-02 386/788-4130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #