

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90018 049 ****61.25

DOCUMENT # 738402 1. Entity Name SPRINGWOOD VILLAGE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 290344 PORT ORANGE FL 32129			Mailing Address P.O. BOX 290344 PORT ORANGE FL 32129		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1796883	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHILRESS, SHARON 132 MOONSTONE CT DAYTONA BEACH FL 32119-32129				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Sharon Childress</i></u> 1-26-04 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 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOLFE, DONALD 181 MOONSTONE CT PORT ORANGE FL 32129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SABATINO, LINDA 161 MOONSTONE CT PORT ORANGE FL 32129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHILRESS, SHARON 132 MOONSTONE CT PORT ORANGE FL 32129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, BRIAN 180 MOONSTONE CT PORT ORANGE FL 32129	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Paul Carpenella 189 Moonstone Ct. PORT ORANGE, FL 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	
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 Childress - Sharon Childress SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 1-26-04 Daytime Phone # _____					