# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 06, 2005**
**Secretary of State**

DOCUMENT# 738402

**Entity Name:** SPRINGWOOD VILLAGE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 290344
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 290344
PORT ORANGE, FL 32129

**New Mailing Address:**

**FEI Number: 59-1796883** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

CHILRESS, SHARON
132 MOONSTONE CT
DAYTONA BEACH, FL 32129 US

**Name and Address of New Registered Agent:**

CLIFTON, RONALD D JR
1326 S RIDGEWOOD AVE #14
DAYTONA BEACH, FL 32114 US

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: RONALD D CLIFTON JR 07/06/2005
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: WOLFE, DONALD
Address: 181 MOONSTONE CT
City-St-Zip: PORT ORANGE, FL 32129

Title: SD ( ) Delete
Name: SABATINO, LINDA
Address: 161 MOONSTONE CT
City-St-Zip: PORT ORANGE, FL 32129

Title: TD ( ) Delete
Name: CHILRESS, SHARON
Address: 132 MOONSTONE CT
City-St-Zip: PORT ORANGE, FL 32129

Title: P ( ) Delete
Name: CARPANELLA, PAUL
Address: 189 MOONSTONE CT.
City-St-Zip: PORT ORANGE, FL 32129

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: JAHADI, MO
Address: 125 MOONSTONE CT
City-St-Zip: PORT ORANGE, FL 32129

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: CARPANELLA, PAUL
Address: 189 MOONSTONE CT.
City-St-Zip: PORT ORANGE, FL 32129

Title: S ( ) Change (X) Addition
Name: GERRARD, LORRAINE
Address: 138 MOONSTONE
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD WOLFE P 07/06/2005
Electronic Signature of Signing Officer or Director Date