

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90021 037 ****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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

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

Name *SHARON Childress*

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

132 MOONSTONE CT

City

PORT ORANGE

FL

Zip Code

32129

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

Sharon Childress

SHARON Childress

1-26-06

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, 2006

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

TITLE **P** ☐ Delete
NAME **WOLFE, DONALD**
STREET ADDRESS **181 MOONSTONE CT**
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE **D** ☒ Delete
NAME **JAHADI, MO**
STREET ADDRESS **125 MOONSTONE CT**
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE **TD** ☐ Delete
NAME **CHILRESS, SHARON**
STREET ADDRESS **132 MOONSTONE CT**
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE **VP** ☒ Delete
NAME **CARPANELLA, PAUL**
STREET ADDRESS **189 MOONSTONE CT.**
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE **S** ☐ Delete
NAME **GERRARD, LORRAINE**
STREET ADDRESS **138 MOONSTONE**
CITY-ST-ZIP **PORT ORANGE FL 32129**

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 **VICE PRES.** ☒ Change ☐ Addition
NAME **MICHELE SIMPSON**
STREET ADDRESS **106 MOONSTONE CT**
CITY-ST-ZIP **PORT ORANGE FL 32129**

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 exemptions contained in Section 119, 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

1-26-06

386-788-4130