

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754089

FILED
Mar 22, 2009
Secretary of State

Entity Name: SPRINGS LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SPRINGS LANDING HOMEOWNERS ASSOCIATION
2190 SPRINGS LANDING BLVD
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

SPRINGS LANDING HOMEOWNERS ASSOCIATION
2190 SPRINGS LANDING BLVD
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2114653 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPRINGER, TONI
113 POINT VIEW LANE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

PHILLIPS, THOMAS S
2250 SPRINGS LANDING BLVD
LONGWOOD, FL 32779 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: THOMAS S PHILLIPS

03/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPRINGER, TONI
Address: 113 POINT VIEW LANE
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: OCONNOR, FRANK
Address: 2351 SPRINGS LANDING BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: PHILLIPS, THOMAS
Address: 2250 SPRINGS LANDING BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: DUERDEN, PATTI
Address: 671 RIVERPARK CIRCLE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: O'CONNOR, FRANK
Address: 2351 SPRINGS LANDING BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Change () Addition
Name: SCANNELL, MATT
Address: 2335 SPRINGS LANDING BLVD
City-St-Zip: LONGWOOD, FL 32779

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS S PHILLIPS

TD

03/22/2009

Electronic Signature of Signing Officer or Director

Date