

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755656

FILED  
May 22, 2006  
Secretary of State

**Entity Name:** SPRINGWOOD VILLAGE CONDOMINIUM ASSOCIATION OF LONGWOOD, INC.

**Current Principal Place of Business:**

160 SPRINGWOOD CIRCLE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

160 SPRINGWOOD CIRCLE  
LONGWOOD, FL 32750 US

**New Mailing Address:**

**FEI Number:** 59-2328596      **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:**

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

SKINNER, LARRY  
SPRINGWOOD VILLAGE CONDO ASSN.  
160 SPRINGWOOD CIRCLE  
LONGWOOD, FL 32750 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WARREN, DAWN  
Address: 329 RAVEN ROCK LANE  
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete  
Name: MOORE, GAIL  
Address: 1200 SPRINGWOOD CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

Title: T ( ) Delete  
Name: SHIPLEY, PAUL  
Address: 1740 SPRINGWOOD CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

Title: S (X) Delete  
Name: LANNI, ROBERT  
Address: 107C SPRINGWOOD CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Delete  
Name: GOEN, ELIZABETH  
Address: 105C SPRINGWOOD CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

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

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

Title: VP (X) Change ( ) Addition  
Name: LANNI, BOB  
Address: 1200 SPRINGWOOD CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

Title: T (X) Change ( ) Addition  
Name: VEGA, RAMONA  
Address: 1740 SPRINGWOOD CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

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 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: DAWN WARREN

P

05/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date