

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755656

FILED
Jan 04, 2008
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 ()

Name and Address of Current Registered Agent:

SKINNER, LARRY
SPRINGWOOD VILLAGE CONDO ASSN.
160 SPRINGWOOD CIRCLE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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: LANNI, BOB
Address: 107C SPRINGWOOD CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: T () Delete
Name: VEGA, RAMONA
Address: 183 E. GRANDBEND AVE.
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: MOORE, GAIL
Address: 120D SPRINGWOOD CIRCLE
City-St-Zip: LONGWOOD, FL 32750 US

Title: D () Delete
Name: SCHWIETZER, DOROTHY
Address: 172A
City-St-Zip: LONGWOOD, FL 32750 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: VEGA, RAMONA
Address: 183 E. GRANDBEND AVE,
City-St-Zip: LAKE MARY, FL 32746

Title: T (X) Change () Addition
Name: HUBKA, TRAVIS
Address: 126C SPRINGWOOD CIRCLE
City-St-Zip: LONGWOOD, FL 32750

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

Title: D (X) Change () Addition
Name: TRIOLA, NANCY
Address: 127E
City-St-Zip: LONGWOOD, FL 32750 US

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: LARRY SKINNER

AGEN

01/04/2008

Electronic Signature of Signing Officer or Director

Date