

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766109

FILED
Jan 20, 2008
Secretary of State

Entity Name: SPRING WOODS MOBILE HOME SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2375 ZOYSIA LANE, N.E.
N FT MYERS, FL 339172488

New Principal Place of Business:

Current Mailing Address:

2375 ZOYSIA LANE, N.E.
N FT MYERS, FL 339172488

New Mailing Address:

FEI Number: 59-2400296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABERLE, RICHARD
7616 PEYRADO DR
N. FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

OLINGER, JOSEPH
7616 PEYRAD DR
N. FORT MYERS, FL 33917 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: JOSEPH OLINGER

01/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HABERLE, RICHARD
Address: 7616 PSYRAUD DR
City-St-Zip: N. FORT MYERS, FL 33917

Title: VP () Delete
Name: ROWLEY, ROBERT
Address: 2655 ZSYSIA LN
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VPT () Delete
Name: POTTINGER, STEVE
Address: 2435 ZOYSIA LN
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DS () Delete
Name: FRENCH, RUTH
Address: 2645 ZOYSIA LN
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D (X) Delete
Name: HABELIE, ELIZABETH
Address: 7616 PEYRBUD DR.
City-St-Zip: N. FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLINGER, JOSEPH
Address: 2520 AUSTIN SMITH CT.
City-St-Zip: N. FORT MYERS, FL 33917

Title: VP (X) Change () Addition
Name: HERTEL, BARBARA
Address: 2501 FARRANCE CT.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D (X) Change () Addition
Name: CHARLES, MAC DONALD
Address: 2520 GAIL HELEN CT.
City-St-Zip: NORTH FORT MYERS, FL 33917

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: BARBARA HERTEL

VP

01/20/2008

Electronic Signature of Signing Officer or Director

Date