2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766109

FILED Mar 27, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2375 ZOYSIA LANE, N.E. N FT MYERS, FL 339172488 **Current Mailing Address: New Mailing Address:** 2375 ZOYSIA LANE, N.E. N FT MYERS, FL 339172488 FEI Number: 59-2400296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUNNINGHAM, DONALD CUNNINGHAM, DONALD 2471 AUSTIN SMITH COURT 2471 AUSTIN SMITH CT. N. FORT MYERS, FL 33917 US 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: 03/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CUNNINGHAM, DONALD Name: Name: Address: 2471 AUSTIN SMITH COURT Address: City-St-Zip: N. FORT MYERS, FL 33917 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LACEY, ED Name: Address: 2520 BROWNELL COURT Address: City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: Title: () Delete Title: () Change () Addition BELL, SANDRA Name: Name: 2505 ZOYSIA LANE Address: Address: City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: Title: Title: () Change () Addition () Delete Name: FRANK, KATHY Name: 7599 PEYRAUD DRIVE Address: Address: City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: Title: Title: () Delete () Change () Addition BIRCHLER, SHERRY Name: Name: 2491 GAIL HELEN COURT Address: Address: NORTH FORT MYERS, FL 33917 City-St-Zip: 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: KATHY FRANK T 03/27/2009