2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768780

FILED Jan 28, 2011 Secretary of State

Entity Name: SPRINGTREE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

444-495 VALERIE DR TITUSVILLE, FL 32796

Current Mailing Address: New Mailing Address:

P O BOX 1137 TITUSVILLE, FL 32781

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

SWOPE, PATRICIA

467 VALERIE DRIVE

TITUSVILLE, FL 32796

US

SZANYI, ERIC

475 VALERIE DRIVE

TITUSVILLE, FL 32796

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: ERIC SZANYI 01/28/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: LEVESQUE, JODI Address: 4737 GUIL DR City-St-Zip: MIMS, FL

Title: D

Name: LOWE, JERI Address: 452 VALERIE DR. City-St-Zip: TITUSVILLE, FL

Title: VP

Name: SWOPE, PATRICIA
Address: 467 VALERIE DR
City-St-Zip: TITUSVILLE, FL 32796

Title: T

 Name:
 SLAMA, PATRICIA S

 Address:
 485 VALERIE DR

 City-St-Zip:
 TITUSVILLE, FL 32796

Title: PD

Name: SZANYI, ERIC
Address: 475 VALERIE DR
City-St-Zip: TITUSVILLE, FL 32796

Title: [

Name: VANDEVEN, MARGARET Address: 459 VALERIE DR City-St-Zip: TITUSVILLE, FL 32796

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA S SLAMA T 01/28/2011