## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2008 8:00 am Secretary of State DOCUMENT # N01892 SPRING BAY VILLAS CONDOMINIUM ASSOCIATION, 04-21-2008 90061 036 \*\*\*\*61.25 INC. Principal Place of Business Mailing Address C/O WORLD OF HOMES C/O WORLD OF HOMES 2884 S OSCEOLA AVE 2884 S OSCEOLA AVE ORLANDO, FL 32806 US ORLANDO, FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number Applied For City & State 59-2405213 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RESIDENTIAL WORLD OF HOMES Street Address (P.O. Box Number is Not Acceptable) 2884 S. OSCEOLA AVE. ORLANDO, FL 32806 ORANGE BLOSSOM TRAIL RLAHDD 8. 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. I am familiar with, and accept the obligations of registered agent. 4-16-08 SIGNATURE SRK RESIDENTIAL COMMUNETIES Signature, typed or printed name of registered agent and title if applicable. Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2008 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PΩ Delete TITLE ☐ Change → ☐ Addition TITLE SPIELVOGEL, MACIEY MARY NAME NAME 7638 SPRING BAY COVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32819 VD ☐ Delete TITLE ☐ Change ☐ Addition TITLE HENNESSEY, HERB NAME NAME STREET ADDRESS STREET ADDRESS 7642 SPRING BAY COVE CITY-ST-ZIP-ORLANDO, FL 32819 CITY-ST-ZIP STD TITLE Addition TITLE Delete MARY Johnson 7624 Spring Bay Core NAME BECK, STEVE NAME STREET ADDRESS 7604 SPRING BAY COVE STREET ADDRESS ORIANDO, FL CITY+ST-7IP CITY-ST-ZIP ORLANDO, FL 32819 TITLE 🔀 Change 🔲 Addition TITLE KLOSTERMAN, Stephen 6220 S. ORANGE BLOSSOMTRALL, #105 NAME KLOSTERMAN, STEPHEN NAME STREET ADDRESS 4707 TINSLEY DR STREET ADDRESS ORLANDO, FL 32809 ORLANDO, FL 32839 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITL F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED**