

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000002071

1. Entity Name
SPRINGLEAF UNIT II HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
315 COQUINA AVE
ORMOND BCH, FL 32124

Mailing Address
315 COQUINA AVE
ORMOND BCH, FL 32124



04122005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2968698

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROCK, JEFFREY P
444 SEABREEZE BLVD STE 900
DAYTONA BCH, FL 32118

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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
COURTEAUX, ROBERT J
315 COQUINA AVE
ORMOND BCH, FL 32124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
COURTEAUX, STEVE
315 COQUINA AVE
ORMOND BCH, FL 32124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
COURTEAUX, CHARLOTTE
315 COQUINA AVE
ORMOND BCH, FL 32124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000310932
04/18/05-80025-004 61.25

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

Charlotte Courteaux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 386-673-9905
Date Daytime Phone #