## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008375

FILED Apr 01, 2006 Secretary of State

Entity Name: SPRING LAKE VILLAS OF HOLMES BEACH COMDOMINIUM ASSOCIATION, INC.

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

6937 HOMES BLVD 6937 HOLMES BLVD

HOLMES BEACH, FL 34217 HOLMES BEACH, FL 34217

Current Mailing Address: New Mailing Address:

306 CHASTAIN RD 6937 HOLMES BLVD

SEFFNER, FL 33584 HOLMES BEACH, FL 34217

FEI Number: 20-0773743 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:

BOULLY, TERESA R
306 CHASTAIN RD
BOULLY, TERESA R
6937 HOLMES BLVD.

SEFFNER, FL 33584 US HOLMES BEACH, FL 34217 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: 04/01/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 BOULLY, MIKE
 Name:
 BOULLY, MIKE

 Address:
 306 CHASTAIN RD
 Address:
 6937 HOLMES BLVD.

 City-St-Zip:
 SEFFNER, FL 33584
 City-St-Zip:
 HOLMES BEACH, FL 34217

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SCHMIDT, STEPHEN
 Name:

 Address:
 5303 PLANTATION VISTA WAY
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition Name: BOULLY, TERESA ST (X) Change () Addition Name: BOULLY, TERESA

 Address:
 306 CHASTAIN RD
 Address:
 6937 HOLMES BLVD.

 City-St-Zip:
 SEFFNER, FL 33584
 City-St-Zip:
 HOLMES BEACH, FL 34217

Title: AS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SCHMIDT, CHERYL
 Name:

 Address:
 5303 PLANTATION VISTA WAY
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TERESA BOULLY ST 04/01/2006