

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009129

FILED
Jul 30, 2004
Secretary of State**Entity Name:** THE SPRINGS VILLA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**12200 SAN SERVANDO AVE
NORTH PORT, FL 34287**New Principal Place of Business:****Current Mailing Address:**12200 SAN SERVANDO AVE
NORTH PORT, FL 34287**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ULLMANN, EDWARD A
12200 SAN SERVANDO AVE
NORTH PORT, FL 34287**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PAIGE, DONNA
Address: 804 PEACHTREE FOREST AVE
City-St-Zip: NORCROSS, GA 30092

Title: D () Delete
Name: ULLMANN, PATRICIA A
Address: 235 ORTIZ BLVD
City-St-Zip: WARM MINIERAL SPRINGS, FL 34287

Title: DVST (X) Delete
Name: ULLMAN, EDWARD A
Address: 235 ORTIZ BLVD
City-St-Zip: WARM MINERAL SPRINGS, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ULLMANN, EDWARD A
Address: 235 ORTIZ BLVD
City-St-Zip: WARM MINERAL SPRINGS, FL 34287

Title: DVST (X) Change () Addition
Name: ULLMANN, PATRICIA A
Address: 235 ORTIZ BLVD
City-St-Zip: WARM MINIERAL SPRINGS, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD A. ULLMANN

DP

07/30/2004

Electronic Signature of Signing Officer or Director

Date