


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90107 024 \*\*\*\*61.25

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # N03743</b><br>1. Entity Name<br><b>SPRINGWOOD CONDOMINIUM ASSOCIATION OF NAPLES, INC.</b>   |  |  |  |    |  |
| Principal Place of Business<br><b>267N COLLIER BLVD<br/>201<br/>MARCO ISLAND, FL 34145 US</b>   |  |  |  | Mailing Address<br><b>P.O. BOX 1809<br/>MARCO ISLAND, FL 34145 US</b>   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>950 N. Collier Blvd.</b>   |  |  |  | 3. Mailing Address<br>  |  |
| Suite, Apt. #, etc.<br><b>Suite 415</b>   |  |  |  | Suite, Apt. #, etc.<br>   |  |
| City & State<br><b>Marco Island, FL</b>   |  |  |  | City & State<br>  |  |
| Zip<br><b>34145</b>   |  | Country<br><b>US</b>   |  | 4. FEI Number<br><b>59-2570526</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>PPM, LLC<br/>267 N. COLLIER BLVD<br/>SUITE 201<br/>MARCO ISLAND, FL 34145</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>New Beginnings Property Mngt.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>950 N. Collier Blvd.</b><br><b>Suite 415</b><br>City <b>Marco Island FL 34145</b> |  |
| 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.<br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           SIGNATURE <b>[Signature]</b><br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%; text-align: right;"> <b>Manager</b><br/> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 5%; text-align: right;"> <b>1/4/07</b><br/> <small>DATE</small> </div> </div> |  |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>             |   |  |
| TITLE   | <b>DP</b> <input type="checkbox"/> Delete<br><b>ALVAREZ, PAMELA</b><br><b>3713 SPRINGWOOD DRIVE</b><br><b>NAPLES, FL 34104</b>     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |   |  |
| NAME  |  | NAME   |  |   |  |
| STREET ADDRESS  |  | STREET ADDRESS   |  |   |  |
| CITY - ST - ZIP   |  | CITY - ST - ZIP  |  |   |  |
| TITLE   | <b>DT</b> <input type="checkbox"/> Delete<br><b>WILLIAMS, PATRICIA</b><br><b>3717 SPRINGWOOD DR</b><br><b>NAPLES, FL 34104</b>     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |   |  |
| NAME  |  | NAME   |  |   |  |
| STREET ADDRESS  |  | STREET ADDRESS   |  |   |  |
| CITY - ST - ZIP   |  | CITY - ST - ZIP  |  |   |  |
| TITLE   | <b>DVP</b> <input type="checkbox"/> Delete<br><b>BAILEY, DIANA</b><br><b>1430 GREEN VALLEY CR, #704</b><br><b>NAPLES, FL 34104</b> | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |   |  |
| NAME  |  | NAME   |  |   |  |
| STREET ADDRESS  |  | STREET ADDRESS   |  |   |  |
| CITY - ST - ZIP   |  | CITY - ST - ZIP  |  |   |  |
| TITLE   | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |   |  |
| NAME  |  | NAME   |  |   |  |
| STREET ADDRESS  |  | STREET ADDRESS   |  |   |  |
| CITY - ST - ZIP   |  | CITY - ST - ZIP  |  |   |  |
| TITLE   | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |   |  |
| 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.  |  |  |  |   |  |
| SIGNATURE: <b>[Signature]</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <b>2/2/07</b> <b>239-393-3439</b><br><small>Date Daytime Phone #</small> |   |  |