2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N03743

Entity Name: SPRINGWOOD CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

950 N. COLLIER BLVD
SUITE 415
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

950 N. COLLIER BLVD
SUITE 420
MARCO ISLAND, FL 34145 US

Current Mailing Address:

P.O. BOX 1809
MARCO ISLAND, FL 34145 US

New Mailing Address:

P.O. BOX 1809
MARCO ISLAND, FL 34146 US

FEI Number: 59-2570526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEW BEGINNINGS PROPERTY MNGT
950 N. COLLIER BLVD
SUITE 415
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

NEW BEGINNINGS PROPERTY MNGT
950 N. COLLIER BLVD
SUITE 420
MARCO ISLAND, FL 34145 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: TAMMY BENNETTS 03/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ALVAREZ, PAMELA
Address: 3713 SPRINGWOOD DRIVE
City-St-Zip: NAPLES, FL 34104

Title: DT ( ) Delete
Name: WILLIAMS, PATRICIA
Address: 3717 SPRINGWOOD DR
City-St-Zip: NAPLES, FL 34104

Title: DVP ( ) Delete
Name: BAILEY, DIANA
Address: 1430 GREEN VALLEY CR, #704
City-St-Zip: NAPLES, FL 34104

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Change (X) Addition
Name: JOHN, KROL
Address: 2430 VANDERBILT BEACH ROAD
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Change (X) Addition
Name: KATHY, RAINFORD
Address: 1380 GREEN VALLEY CIRCLE, 1202
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify 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: PAMELA ALVAREZ P 03/05/2009
Electronic Signature of Signing Officer or Director Date