

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003677

FILED  
Jan 11, 2010  
Secretary of State

**Entity Name:** SPRING PINES WEST HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2815 CROWN POINTE DR.  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

2815 CROWN POINTE DR.  
HAINES CITY, FL 33844

**New Mailing Address:**

**FEI Number:** 06-1763715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, WILLIAM D  
2815 CROWN POINTE DR.  
HAINES CITY, FL 33844 US

**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:** P  
**Name:** SMITH, WILLIAM D  
**Address:** 2815 CROWN POINTE DRIVE  
**City-St-Zip:** HAINES CITY, FL 33845

**Title:** VP  
**Name:** BAKER, EARLE  
**Address:** 2830 CROWN PT DR.  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** S  
**Name:** MCTEER, ROBIN  
**Address:** 2847 POND VIEW DR.  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** T  
**Name:** SLINGO, KEITH  
**Address:** 2833 CROWN POINTE DR.  
**City-St-Zip:** HAINES CITY, FL 33844

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM D SMITH

P

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date