2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004818

FILED Apr 04, 2009 Secretary of State

Entity Name: SPRINGLAKE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: 2220 NE 146TH AVE SILVER SPRINGS, FL 34488 Current Mailing Address:			New Princ	New Principal Place of Business: 14655 N.E. 24TH PL. SILVER SPRINGS, FL 34488 New Mailing Address:	
			New Maili		
14655 N.E SILVER SF	. 24TH PL PRINGS, FL 3	4488			
FEI Number:	: 33-1119084	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
529 VERŠ	LEE JAY ESO AILLES DR. S D, FL 32751				
	named entity of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD (BAILEY, GARY 2220 NE 146TH SILVER SPRIN	1 AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T (MAXSON, YVO 14655 NE 24TH SILVER SPRIN	1 PLACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD (HARDWICK, H 14650 NE 21S' SILVER SPRIN	ΓPL	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SHELLEY, CLI 14640 NE 24Th	l PL	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PIERCE, JOE 2375 N.E. 146TH AVENUE SILVER SPRINGS, FL 34488	
	VD (HOBBS, BONN		Title: Name: Address:	() Change () Addition	
Title: Name: Address: City-St-Zip:	2270 NE 146TI SILVER SPRIN		City-St-Zip:		

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: HAROLD HARDWICK SD 04/04/2009