
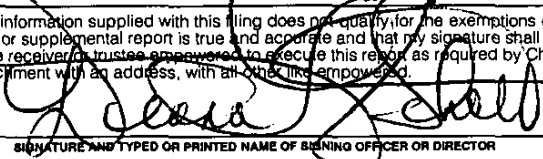


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90028 025 \*\*\*\*61.25

<b>DOCUMENT # N07706</b> 1. Entity Name <b>THE ESTATES AT SPRINGS LANDING HOMEOWNERS ASSOCIATION, INC.</b>																																																																																															
Principal Place of Business <b>165 W SR 434 WINTER SPRINGS, FL 32708 US</b>			Mailing Address <b>PO BOX 197043 WINTER SPRINGS, FL 32719 US</b>																																																																																												
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																													
City & State		City & State																																																																																													
Zip	Country	Zip	Country	4. FEI Number <b>59-2920523</b>																																																																																											
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																											
6. Name and Address of Current Registered Agent <b>PALMERSTON LLC 165 W SR 434 WINTER SPRINGS, FL 32708</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																											
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.																																																																																															
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																															
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">SCHOTT, DEANA</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2056 HUTTON POINT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LONGWOOD, FL 32779</td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">KEENAN, MARK</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">500 PICKFORD PT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LONGWOOD, FL 32779</td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DP</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">MEAD, BARBARA</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2077 BILTMORE PT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LONGWOOD, FL 32779</td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DS</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">WARD, CARMEN</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">507 ESTATES PLACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LONGWOOD, FL 32779</td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	SCHOTT, DEANA		STREET ADDRESS	2056 HUTTON POINT		CITY-ST-ZIP	LONGWOOD, FL 32779		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	KEENAN, MARK		STREET ADDRESS	500 PICKFORD PT		CITY-ST-ZIP	LONGWOOD, FL 32779		TITLE	DP	<input checked="" type="checkbox"/> Delete	NAME	MEAD, BARBARA		STREET ADDRESS	2077 BILTMORE PT		CITY-ST-ZIP	LONGWOOD, FL 32779		TITLE	DS	<input type="checkbox"/> Delete	NAME	WARD, CARMEN		STREET ADDRESS	507 ESTATES PLACE		CITY-ST-ZIP	LONGWOOD, FL 32779		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">President</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Change</td> <td style="width: 10%;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table>		TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete																																																																																													
NAME	SCHOTT, DEANA																																																																																														
STREET ADDRESS	2056 HUTTON POINT																																																																																														
CITY-ST-ZIP	LONGWOOD, FL 32779																																																																																														
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																													
NAME	KEENAN, MARK																																																																																														
STREET ADDRESS	500 PICKFORD PT																																																																																														
CITY-ST-ZIP	LONGWOOD, FL 32779																																																																																														
TITLE	DP	<input checked="" type="checkbox"/> Delete																																																																																													
NAME	MEAD, BARBARA																																																																																														
STREET ADDRESS	2077 BILTMORE PT																																																																																														
CITY-ST-ZIP	LONGWOOD, FL 32779																																																																																														
TITLE	DS	<input type="checkbox"/> Delete																																																																																													
NAME	WARD, CARMEN																																																																																														
STREET ADDRESS	507 ESTATES PLACE																																																																																														
CITY-ST-ZIP	LONGWOOD, FL 32779																																																																																														
TITLE		<input type="checkbox"/> Delete																																																																																													
NAME																																																																																															
STREET ADDRESS																																																																																															
CITY-ST-ZIP																																																																																															
TITLE		<input type="checkbox"/> Delete																																																																																													
NAME																																																																																															
STREET ADDRESS																																																																																															
CITY-ST-ZIP																																																																																															
TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition																																																																																												
NAME																																																																																															
STREET ADDRESS																																																																																															
CITY-ST-ZIP																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DS</td> <td style="width: 10%;"><input type="checkbox"/> Change</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="3">Gary Grimes</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">2048 Hutton Pt.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">Longwood, FL 32779</td> </tr> </table>						TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	NAME	Gary Grimes			STREET ADDRESS	2048 Hutton Pt.			CITY-ST-ZIP	Longwood, FL 32779																																																																												
TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition																																																																																												
NAME	Gary Grimes																																																																																														
STREET ADDRESS	2048 Hutton Pt.																																																																																														
CITY-ST-ZIP	Longwood, FL 32779																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D.</td> <td style="width: 10%;"><input type="checkbox"/> Change</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="3">Beth Benitez</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">750 Markham Woods Rd.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">Longwood, FL 32779</td> </tr> </table>						TITLE	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	NAME	Beth Benitez			STREET ADDRESS	750 Markham Woods Rd.			CITY-ST-ZIP	Longwood, FL 32779																																																																												
TITLE	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition																																																																																												
NAME	Beth Benitez																																																																																														
STREET ADDRESS	750 Markham Woods Rd.																																																																																														
CITY-ST-ZIP	Longwood, FL 32779																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Treasurer</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Change</td> <td style="width: 10%;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table>						TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP																																																																													
TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition																																																																																												
NAME																																																																																															
STREET ADDRESS																																																																																															
CITY-ST-ZIP																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VP</td> <td style="width: 10%;"><input type="checkbox"/> Change</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="3">Jose Valle</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">584 Estates Place</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">Longwood, FL 32779</td> </tr> </table>						TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	NAME	Jose Valle			STREET ADDRESS	584 Estates Place			CITY-ST-ZIP	Longwood, FL 32779																																																																												
TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition																																																																																												
NAME	Jose Valle																																																																																														
STREET ADDRESS	584 Estates Place																																																																																														
CITY-ST-ZIP	Longwood, FL 32779																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%;"><input type="checkbox"/> Change</td> <td style="width: 10%;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table>						TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP																																																																													
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition																																																																																												
NAME																																																																																															
STREET ADDRESS																																																																																															
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.																																																																																															
<b>SIGNATURE:</b> 				Date: <b>3/11/08</b>																																																																																											
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone #: <b>407-327-5824</b>																																																																																											