

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29572

FILED
Apr 29, 2005
Secretary of State

Entity Name: SPRING FOREST HOMEOWNERS ASSOCIATION, INC. OF VOLUSIA

Current Principal Place of Business:

495 SPRING FOREST DRIVE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

495 SPRING FOREST DRIVE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HANSEN, MARY
100 CESSNA BLVD
SUITE 1A
PORT ORANGE, FL 32128 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: PD () Delete
Name: MILLER, DAVID
Address: 495 SPRING FOREST DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ST () Delete
Name: MILLER, LINDA
Address: 495 SPRING FOREST DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD () Delete
Name: PRESTON, FRED
Address: 465 SPRING FOREST DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: HANSEN, MARY
Address: 435 SPRING FOREST DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID MILLER

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date