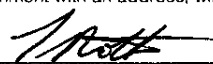


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90005 009 ****61.25

DOCUMENT # N30768 1. Entity Name SPRINGWOOD ESTATES OWNERS ASSOCIATION, INC.					
Principal Place of Business 15223 EASTWOOD TR. SPRING HILL FL 34604 US			Mailing Address 15223 EASTWOOD TR. SPRING HILL FL 34604 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3007838 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MITCHELL, GLENNA C 15223 EASTWOOD TRAIL SPRING HILL FL 34604			Name T. Roth / D. Lowe Street Address (P.O. Box Number is Not Acceptable) 4127 Clear Spring Rd City Spring Hill FL Zip Code 34609		
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 <u>T. Roth Treasurer</u>  <u>8/24/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	MITCHELL, GLENNA C		NAME	David Lowe	
STREET ADDRESS	15223 EASTWOOD TRAIL		STREET ADDRESS	4127 Clear Spring Rd	
CITY-ST-ZIP	SPRINGHILL FL 34604		CITY-ST-ZIP	Spring Hill FL 34609	
TITLE	D	☐ Delete	TITLE	T	☐ Change ☒ Addition
NAME	LUDOVICO, PHILIP		NAME	T. Roth	
STREET ADDRESS	15263 EASTWOOD TR.		STREET ADDRESS	Po Box 15431	
CITY-ST-ZIP	SPRING HILL FL 34604		CITY-ST-ZIP	Spring Hill FL 34604	
TITLE	DS	☐ Delete	TITLE		
NAME	FREZZA, CAROLINE		NAME		
STREET ADDRESS	15233 EASTWOOD TR		STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL 34604		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE		
NAME	ROUSH, PHILLIP		NAME		
STREET ADDRESS	15331 WOODCREST RD		STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL 34604		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	JENNINGS, JANIE		NAME	Rich Charrette	
STREET ADDRESS	15311 WOODCREST RD		STREET ADDRESS	15160 Eastwood Tr	
CITY-ST-ZIP	SPRING HILL FL 34604		CITY-ST-ZIP	Spring Hill FL 34609	
TITLE	D	☐ Delete	TITLE		
NAME	JONES, MERVIN		NAME		
STREET ADDRESS	15408 EASTWOOD TR		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34604		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowerment.					
SIGNATURE: <u> T. Roth</u> <u>8/24/04</u> <u>2/4</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					