

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30768

FILED
Feb 10, 2008
Secretary of State

Entity Name: SPRINGWOOD ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

15160 EASTWOOD TRAIL
SPRING HILL, FL 34604 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 15431
SPRING HILL, FL 34604 US

New Mailing Address:

FEI Number: 59-3007838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARRETTE, R
15160 EASTWOOD TRAIL
SPRING HILL, FL 34604 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: DV () Delete
Name: ROTH, T
Address: PO BOX 15431
City-St-Zip: SPRINGHILL, FL 34604

Title: D () Delete
Name: HOULE, RONALD
Address: 15270 EASTWOOD TR
City-St-Zip: SPRING HILL, FL 34604

Title: DS () Delete
Name: FREZZA, CAROLINE
Address: 15233 EASTWOOD TR
City-St-Zip: SPRINGHILL, FL 34604

Title: T () Delete
Name: LIPTAK, MARK
Address: PO BOX 15431
City-St-Zip: SPRINGHILL, FL 34604

Title: P () Delete
Name: CHARRETTE, RICK
Address: PO BOX 15431
City-St-Zip: SPRING HILL, FL 34604

Title: D () Delete
Name: MITCHELL, GLENN
Address: PO BOX 15431
City-St-Zip: SPRING HILL, FL 34604

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:

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 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: MARK LIPTAK

T

02/10/2008

Electronic Signature of Signing Officer or Director

Date