

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30768

FILED  
Mar 18, 2009  
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: DS (X) Change ( ) Addition  
Name: NORRIS, DAVID  
Address: PO BOX 15431  
City-St-Zip: SPRING HILL, FL 34604

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: RICHARD CHARRETTE

P

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date