

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90292 010 ****70.00

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**

60006681



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3007838**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MITCHELL, GLENNA C
15223 EASTWOOD TRAIL
SPRINGHILL FL 34604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Philip Ludovico
15263 Eastwood Tr
Spring Hill FL 34604** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
PARAVATY, PAUL
4117 CLEAR SPRING RD.
SPRING HILL FL 34604** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Richard Charrette
15160 Eastwood Tr
Spring Hill FL 34604** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
FREZZA, CAROLINE
15233 EASTWOOD TR
SPRINGHILL FL 34604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
Timothy W Roth
PO Box 15431
Spring Hill FL 34604** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
ROUSH, PHILLIP
15331 WOODCREST RD
SPRINGHILL FL 34604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JENNINGS, JANIE
15311 WOODCREST RD
SPRING HILL FL 34604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, MERVIN
15408 EASTWOOD TR
SPRING HILL FL 34604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

01/13/03

813-281-5200

CR2E037 (10/02)