

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37276

FILED  
Mar 25, 2007  
Secretary of State

Entity Name: SPRING LAKE VILLAS HOMEOWNERS' ASSOCIATION OF ORANGE COUNTY, INC.

**Current Principal Place of Business:**

7512 DR PHILLIPS BLVD  
SUITE 50-170  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

7512 DR PHILLIPS BLVD  
SUITE 50-170  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number: 59-3071404      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARBARA, ENGLISH  
7251 SPRING VILLA CIRCLE  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

CLAUDIA, JONES  
7223 SPRING VILLA CIRCLE  
ORLANDO, FL 32819 US

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: CLAUDIA JONES

03/25/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ENGLISH, BARBARA  
Address: 7251 SPRING VILLA CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete  
Name: OCASIO, LUISA  
Address: 7090 VILLA ESTELLE DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: T ( ) Delete  
Name: CLAUDIA, JONES  
Address: 7223 SPRING VILLA CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: KEOGH, SUSAN  
Address: 7276 SPRING VILLA CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: S ( ) Delete  
Name: ALLARD, ABIGAIL  
Address: 7444 SPRING VILLA CIRCLE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: BETTY, WRIGHT  
Address: 7014 VILLA ESTELLE DRIVE  
City-St-Zip: ORLANDO, FL 32819

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 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: BARBARA ENGLISH

P

03/25/2007

Electronic Signature of Signing Officer or Director

Date