




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90203 041 ****61.25

| | | | | | |
|--|--------------------------|---|---|---|--|
| DOCUMENT # N37276 | | | |  | |
| 1. Entity Name SPRING LAKE VILLAS HOMEOWNERS' ASSOCIATION OF ORANGE COUNTY, INC. | | | | | |
| Principal Place of Business 7512 DR PHILLIPS BLVD SUITE 50-170 ORLANDO, FL 32819 US | | Mailing Address 7512 DR PHILLIPS BLVD SUITE 50-170 ORLANDO, FL 32819 US | |  | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 59-3071404 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CLAUDIA, JONES 7223 SPRING VILLA CIRCLE ORLANDO, FL 32819 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ENGLISH, BARBARA | | NAME | Myricks, Robert L. | |
| STREET ADDRESS | 7251 SPRING VILLA CIRCLE | | STREET ADDRESS | 7361 Spring Villa Circle | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | | CITY-ST-ZIP | Orlando, FL 32819 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BETTY, WRIGHT | | NAME | Romano, Edward | |
| STREET ADDRESS | 7014 VILLA ESTELLE DRIVE | | STREET ADDRESS | 7329 Spring Villa Circle | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | | CITY-ST-ZIP | Orlando, FL 32819 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLAUDIA, JONES | | NAME | | |
| STREET ADDRESS | 7223 SPRING VILLA CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KEOGH, SUSAN | | NAME | Howard, Paula | |
| STREET ADDRESS | 7276 SPRING VILLA CIRCLE | | STREET ADDRESS | 7263 Spring Villa Circle | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | | CITY-ST-ZIP | Orlando, FL 32819 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALLARD, ABIGAIL | | NAME | | |
| STREET ADDRESS | 7444 SPRING VILLA CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without the empowered. | | | | | |
| SIGNATURE:  | | Robert L. Myricks | | 3/1/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date | |
| | | | | (407) 352-1185 | |
| | | | | Daytime Phone # | |