

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N42638** (9)

1. Corporation Name

**SPRINGWOOD ESTATES HOME AND PROPERTY OWNERS ASSOCIATION, INCORPORATED**



Principal Place of Business

15161 WILLOWOOD LN  
SPRING HILL FL 34609  
US

Mailing Address

15161 WILLOWOOD LN  
SPRING HILL FL 34609  
US

3. Date Incorporated or Qualified  
**03/19/1991**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

21 **15311 WOODCREST RD**

2a. Mailing Address

26 **15311 WOODCREST RD**

4. FEI Number

**59-3058597**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **SPRING HILL, FL**

City & State

28 **SPRING HILL, FL**

Zip

24 **34609**

Country

25 **U.S.A.**

Zip

29 **34609**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**MISKUF, RAYMOND J.  
15161 WILLOWOOD LN  
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

61 Name

**JENNINGS, JANIE**

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

**15311 WOODCREST RD**

63

64 City

**SPRING HILL**

**FL**

65 Zip Code

**34609**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Janie Jennings*  
Signature, typed or printed name of registered agent and title if applicable.

*Janie Jennings*

(NOTE: Registered agent signature required when reinstating)

**4/29/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **JENNINGS, JANIE**  
STREET ADDRESS **15311 WOODCREST RD**  
CITY - ST - ZIP **SPRING HILL FL**

TITLE **SD** ☐ DELETE

NAME **MESKO, ELLEN**  
STREET ADDRESS **3325 SPRING PARK WAY**  
CITY - ST - ZIP **SPRING HILL FL**

TITLE **TD** ☐ DELETE

NAME **MISKUF, RAYMOND**  
STREET ADDRESS **15161 WILLOWOOD LN**  
CITY - ST - ZIP **SPRING HILL FL**

TITLE **D** ☐ DELETE

NAME **FREZZA, GUY**  
STREET ADDRESS **15233 EASTWOOD TR**  
CITY - ST - ZIP **SPRING HILL FL**

TITLE **VD** ☐ DELETE

NAME **NEIL, THERESA**  
STREET ADDRESS **15148 WOODBURY ROAD**  
CITY - ST - ZIP **SPRING HILL FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**SECRETARY SD** ☒ Change ☐ Addition

**PAUL PARAVATY**  
**4117 CLEAR SPRING RD**  
**SPRING HILL FL 34609**

**TREASURER TD** ☒ Change ☐ Addition

**WILLIAM MAYORAL**  
**15074 COPELAND WAY**  
**SPRING HILL, FL 34609**

**DIRECTOR D** ☒ Change ☐ Addition

**CAROL FREZZA**  
**15233 EASTWOOD TR.**  
**SPRING HILL FL**

**VICE-PRESIDENT VD** ☒ Change ☐ Addition

**ROBERT MESKO**  
**3325 SPRING PARK WAY**  
**SPRING HILL FL 34609**

**THERESA NEIL DIRECTOR** ☐ Change ☒ Addition

**15148 WOODBURY RD**  
**SPRING HILL, FL 34609**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Mayoral* (William Mayoral)

**4/29/96**

DATE

**(352) 754-8622**

DAYTIME PHONE #

CR2E037 (12/95)