


FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42638** (9)

1. Corporation Name

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

Principal Place of Business

**15311 WOODCREST ROAD  
SPRING HILL FL 34609  
US**

Mailing Address

**15311 WOODCREST ROAD  
SPRING HILL FL 34609-0674  
US**



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

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

**JENNING, JANIE  
15311 WOODCREST ROAD  
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

81 Name  
**Theresa W Neil**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**15148 Woodbury Rd**  
83  
84 City  
**Spring Hill** FL 85 Zip Code  
**34609**

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 617.1503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JENNINGS, JANIE	
STREET ADDRESS	15311 WOODCREST RD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PARAVATY, PAUL	
STREET ADDRESS	4117 CLEAR SPRINGS ROAD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MAYORAL, WILLIAM	
STREET ADDRESS	15074 COPELAND WAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREEZA, CAROL	
STREET ADDRESS	15233 EASTWOOD TRAIL	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MESKO, ROBERT	
STREET ADDRESS	3325 SPRING PARK WAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEIL, THERESA	
STREET ADDRESS	15148 WOODBURY ROAD	
CITY-ST-ZIP	SPRING HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SD Jacqueline Talos</b>
2.3 STREET ADDRESS	<b>15241 Woodbury Rd</b>
2.4 CITY-ST-ZIP	<b>Spring Hill FL 34609</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Lucy Roberts</b>
3.3 STREET ADDRESS	<b>15350 Eastwood Tr</b>
3.4 CITY-ST-ZIP	<b>Spring Hill FL 34609</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Lee Moe Salmon</b>
4.3 STREET ADDRESS	<b>15187 Traverse Lane</b>
4.4 CITY-ST-ZIP	<b>Spring Hill FL 34609</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>T.D.</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0006526**

CR2E037 (9/96)