

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90291 028 \*\*\*\*61.25

<b>DOCUMENT # N94000000737</b> 1. Entity Name <b>SPRING MEADOWS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1166 PELICAN BAY DRIVE</b> <b>DAYTONA BEACH, FL 32119 US</b>			Mailing Address <b>1166 PELICAN BAY DRIVE</b> <b>DAYTONA BEACH, FL 32119 US</b>		
2. Principal Place of Business <b>834 First Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>P. O. Box 291205</b> Suite, Apt. #, etc.			
City & State <b>Port Orange, FL</b> Zip Country <b>32129-- -- US-- --</b>		City & State <b>Port Orange, FL</b> Zip Country <b>32129-1205 US</b>		4. FEI Number <b>59-3327478</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required --</b>				03012005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>BARKIN, MICHELE</b> <b>1166 PELICAN BAY DRIVE</b> <b>DAYTONA BEACH, FL 32119</b>			7. Name and Address of New Registered Agent Name <b>Selwitz, Barbara J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>834 First Street</b> City <b>Port Orange</b> <b>FL</b> Zip Code <b>32129</b>		
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 <u><i>Barbara J. Selwitz</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>3/1/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELLICO, PHILLIP <input type="checkbox"/> Delete 4 FERN MEADOW LANE ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, EDWARD <input type="checkbox"/> Delete 17 SPRING MEADOW LANE ORMOND BCH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VRANA, RONALD <input type="checkbox"/> Delete 7 MEADOW MIST COURT ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Sec. Selwitz, Barbara J. 834 First Street Port Orange, FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Phillip Bellico</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Phillip Bellico 3/1/05 (386) 756-7700 <small>Date Daytime Phone #</small>		