


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000000737 1. Entity Name SPRING MEADOWS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 834 FIRST STREET PORT ORANGE, FL 32129 US	Mailing Address PO BOX 291205 PORT ORANGE, FL 32129-1205 US
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02272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3327478	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SELWITZ, BARBARA J
834 FIRST STREET
PORT ORANGE, FL 32129

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000656242
03/14/07-80017-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP BELICO, PHILLIP 4 FERN MEADOW LANE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DV BROWN, EDWARD 17 SPRING MEADOW LANE ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DST SIRKLE, ROBERT 7 FERN MEADOW LN ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST- ZIP	AS SELWITZ, BARBARA J 834 FIRST STREET PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Philip Bellico* Philip Bellico, Pres. 02/28/07 386-756-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #