# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2009**
**Secretary of State**

DOCUMENT# N94000000737

**Entity Name:** SPRING MEADOWS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5466 CRANE FEATHER DRIVE
PORT ORANGE, FL 32128 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 291205
PORT ORANGE, FL 321291205 US

**New Mailing Address:**

**FEI Number: 59-3327478** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SELWITZ, BARBARA J
5466 CRANE FEATHER DRIVE
PORT ORANGE, FL 32128 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: BELLICO, PHILLIP
Address: 4 FERN MEADOW LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: DV ( ) Delete
Name: BROWN, EDWARD
Address: 17 SPRING MEADOW LANE
City-St-Zip: ORMOND BCH, FL 32174

Title: DST ( ) Delete
Name: SIRKLE, ROBERT
Address: 7 FERN MEADOW LN
City-St-Zip: ORMOND BEACH, FL 32174

Title: AS ( ) Delete
Name: SELWITZ, BARBARA J
Address: 5466 CRANE FEATHER DRIVE
City-St-Zip: PORT ORANGE, FL 32128

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition
Name: BELLICO, PHILLIP
Address: 4 FERN MEADOW LANE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DVP (X) Change ( ) Addition
Name: BROWN, EDWARD
Address: 17 SPRING MEADOW LANE
City-St-Zip: ORMOND BCH, FL 32174 US

Title: DST (X) Change ( ) Addition
Name: SIRKLE, ROBERT
Address: 7 FERN MEADOW LN
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: AS (X) Change ( ) Addition
Name: SELWITZ, BARBARA J
Address: 5466 CRANE FEATHER DRIVE
City-St-Zip: PORT ORANGE, FL 32128 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J. SELWITZ AS 04/20/2009

Electronic Signature of Signing Officer or Director — Date