2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 12, 2000 8:00 am
Secretary of State
04-18-2000 90221 037 ****61.25

DOCUMENT # N96000003860

1. Entity Name

SPRINGFIELD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	*Mailing Address*
3298 SUMMIT BLVD., STE 4 PENSACOLA FL 32503	3298 SUMMIT BLVD., STE 4 PENSACOLA FL 32503-4350

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3425292 ☐ Applied For ☐ Not Applicable

5. *Certificate of Status Desired* ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPUS, JOSEPH J III 3298 SUMMIT BLVD., STE. 18 PENSACOLA FL 32503	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.*

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

FILE NOW: FEE IS $61.25	9. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AUSTIN, LESLIE 3298 SUMMIT BLVD., STE 18 PENSACOLA FL 32503	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director Jeff Michael 3298 Summit Blvd Ste 18 Pensacola Fl. 32503	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GODFREY, DICK 3298 SUMMIT BLVD., STE 18 PENSACOLA FL 32503	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD / Director Alley McInnis 3298 Summit Blvd Ste 18 Pensacola Fl. 32503	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FRANZ, JON 3298 SUMMIT BLVD., STE 18 PENSACOLA FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres. / Director	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Jeff Michael — Date: 4/13/00 — Daytime Phone #: 434 8585