2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am

DOCUMENT # N9600003860 1. Entity Name SPRINGFIELD HOMEOWNERS ASSOCIATION, INC.							Secretary of State 04-26-2004 90553 047 ****61.25				
Principal Plac 3298 SUMM PENSACOLA,	T BLVD., STE 4	3298	g Address S SUMMIT BLVD., S ACOLA, FL 32503				· £ 1020131 402	1 212 B ari 18 21 Fi ni	F#117 V#117 S#12	in iyan cikida biya biya	HH 2) IIN
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01122004	Chg-NP	CR2E	037 (10/03)	
City & Stat	e	City & State				4. FEI Numbe 59-3425				plied For t Applicable	
Zip	Country	Zip Co			5. Certificate of Status Desired						
	6. Name and Address of Current	Registere	d Agent		Name		7. Name and	Address of New	v Registere	d Agent	
ETHERIDGE, RAY O 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503					Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						
the obligat	Signature, typed or printed name of registered agent Filling Fee is \$61.25	ænd title if app	9. Election Carr	npaign F	inancing	ure required	when reinstating)	•		ck payable to	
	Due by May 1, 2004		Trust Fund Contr				Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZEP	PD TUTTLE, RON 3298 SUMMIT BLVD., STE 18 PENSACOLA, FL 32503	RECTORS	☐ Delete			,	ADDITIONS/CHA	anges 10 offi	CERS AND	DIRECTORS IN Change	Addition
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	STD HOLCOMB, JEFF 3298 SUMMIT BLVD., STE 18 PENSACOLA, FL 32503	•	⊠ Delete			ren	Hers, 5 Burni sacola	FL 325	cle 526	☐ Change	Addition
TITLE NAME STREET ADDRESS .CITY-ST-ZIP	DST WEEKS, PAUL 3298 SUMMIT BLVD., STE 18 PENSACOLA, FL 32503		Delete			Fra 3299	r DS nz, Joi Summ sa colan	14 Blvd		□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete			VD 000 300	llette Lovelai sacola	Anglie	ر الاعلى	☐ Change	Addition
TITLE			☐ Delete	TITL		1		, -	-	Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stead 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. Attribute information indicated on this report 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.

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS City-St-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

We SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/23/04

Change

Addition