

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90169 028 ****61.25

DOCUMENT # N96000003860 1. Entity Name SPRINGFIELD HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3298 SUMMIT BLVD., STE 4 PENSACOLA, FL 32503		Mailing Address 3298 SUMMIT BLVD., STE 4 PENSACOLA, FL 32503	
2. Principal Place of Business - No P.O. Box # <i>908 Hardengate Circle</i> Suite, Apt. #, etc.		3. Mailing Address <i>908 Hardengate Circle</i> Suite, Apt. #, etc.	
City & State <i>Pensacola FL</i> Zip <i>32504</i>		City & State <i>Pensacola FL</i> Zip <i>32504</i>	
Country <i>Escombia</i>		Country <i>Escombia</i>	
4. FEI Number 59-3425292		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETHERIDGE, RAY O 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>908 Hardengate Circle</i> City <i>Pensacola</i> FL Zip Code <i>32504</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and use if applicable.</small>		DATE <i>Apr 22, 2008</i> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTERS, JIM 1116 BURNHILL CIRCLE PENSACOLA, FL 32526	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAZO, CATHY 4010 GLENWAY DR. PENSACOLA, FL 32526	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JABUT, AARON 3103 FLINTLOCK LN. PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEOUITISI, DEBBIE 4003 GLENWAY DR. PENSACOLA, FL 32526	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E DALIHER, TORM 4056 GLENWAY DR. PENSACOLA, FL 32526	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAOKET, DON JR 3124 FLINTLOCK DR. PENSACOLA, FL 32526	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>4-4-08</i> <small>Daytime Phone #</small>	