

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006012

1. Entity Name
**SPRING ARBOR VILLAGE PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**130 CHERRY BLOSSOM LANE
THE VILLAGES, FL 32159**

Mailing Address
**130 CHERRY BLOSSOM LANE
THE VILLAGES, FL 32159**



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3541028

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, BRAD
1206 LAUREL OAK LANE
THE VILLAGES, FL 32159**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BROWN, BRAD
1206 LAUREL OAK LANE
THE VILLAGES, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
GREULACH, ERIK
120 SPRING ARBOR LANE
THE VILLAGES, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
PARDO, DORIS
1205 LAUREL OAK LANE
THE VILLAGES, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SULLIVAN, SCOTT
1206 BOWER LANE
THE VILLAGES, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROHAN, JOHN
1204 BOWER LANE
THE VILLAGES, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000202505
01/28/05-80114-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Scott J. Sullivan
SCOTT J. SULLIVAN

1-26-05

352-259-3218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #