

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 25, 2008**  
**Secretary of State**

DOCUMENT# N99000000984

**Entity Name:** SPRINGVIEW HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822**New Principal Place of Business:****Current Mailing Address:**5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822**New Mailing Address:****FEI Number:** 59-3714041**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LELAND MANAGEMENT, INC.  
5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822 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: P ( ) Delete  
Name: MCCASKILL, SCOTT  
Address: 206 PALMETTO SPRINGS ST  
City-St-Zip: DEBARY, FL 32713

Title: VP ( ) Delete  
Name: MAYBAUM, DAVID  
Address: 277 PALMETTO SPRINGS ST  
City-St-Zip: DEBARY, FL 32713

Title: S ( ) Delete  
Name: HEMMY, LAEL  
Address: 387 SYCAMORE SPRINGS ST  
City-St-Zip: DEBARY, FL 32713

Title: T ( ) Delete  
Name: KURKJIAN, PETER  
Address: 443 SYCAMORE SPRINGS ST  
City-St-Zip: DEBARY, FL 32713

Title: D (X) Delete  
Name: ALLEN, BILL  
Address: 269 PALMETTO SPRINGS ST  
City-St-Zip: DEBARY, FL 32713

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

Title: P (X) Change ( ) Addition  
Name: KURKJIAN, PETER  
Address: 443 SYCAMORE SPRINGS STREET  
City-St-Zip: DEBARY, FL 32713

Title: VP (X) Change ( ) Addition  
Name: ALLEN, BILL  
Address: 269 PALMETTO SPRINGS ST  
City-St-Zip: DEBARY, FL 32713

Title: S (X) Change ( ) Addition  
Name: MAYBAUM, DAVID  
Address: 277 PALMETTO SPRINGS ST  
City-St-Zip: DEBARY, FL 32713

Title: T (X) Change ( ) Addition  
Name: ALFONSO-GARCIA, JENNY  
Address: 341 OAK SPRINGS DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER KURKJIAN

P

07/25/2008

Electronic Signature of Signing Officer or Director

Date