

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738402

Entity Name: SPRINGWOOD VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

6156 SABAL POINT CIRCLE
PORT ORANGE, FL 32128

Current Mailing Address:

P. O. BOX 291282
PORT ORANGE, FL 32129

FEI Number: 59-1796883

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOCH, KAREN
6156 SABAL POINT CIRCLE
PORT ORANGE, FL 32128 US

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

Officer/Director Detail :

Title P
Name WEBB, SCOTT
Address 675 HERBERT STREET
City-State-Zip: PORT ORANGE FL 32129

Title ST
Name CHILDRESS, SHARON
Address 132 MOONSTONE CT
City-State-Zip: PORT ORANGE FL 32129

Title D
Name KALISIAK, IWONA
Address 675 HERBERT STREET
City-State-Zip: PORT ORANGE FL 32129

Title D
Name LARUE, ED
Address 89 MOONSTONE CT
City-State-Zip: PORT ORANGE FL 32129

Title D
Name SANCLEMENTE, LEON
Address 1234 EDNA COURT
City-State-Zip: PORT ORANGE FL 32129

Title D
Name KATIE, CARPENELLA
Address 189 MOONSTONE COURT
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR
Name JOHNSON, MARY
Address 115 MOONSTONE COURT
City-State-Zip: PORT ORANGE FL 32129

I hereby 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 all other like empowered.

SIGNATURE: SCOTT WEBB

PRESIDENT

01/27/2013

Electronic Signature of Signing Officer/Director Detail

Date