## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 738402** 

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

**FILED** Mar 26, 2024 **Secretary of State** 0846400095CC

## **Current Principal Place of Business:**

785 WEST GRANADA BOULEVARD

SUITE 5

ORMOND BEACH, FL 32174

## **Current Mailing Address:**

785 WEST GRANADA BOULEVARD SUITE 5

ORMOND BEACH, FL 32174 US

FEI Number: 59-1796883 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SOUTHERN STATES MANAGEMENT GROUP INC 785 WEST GRANADA BOULEVARD SUITE 5

ORMOND BEACH, FL 32174 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: FRED ANNON JR 03/26/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title VPD

Name SIMPSON, JIM Name BROWN, JAN

785 WEST GRANADA BOULEVARD 785 WEST GRANADA BOULEVARD Address Address

> SUITE 5 SUITE 5

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title TD Title SD

Name KATIE, CARPENELLA Name JOHNSON, MARY

Address 785 WEST GRANADA BOULEVARD Address 785 WEST GRANADA BOULEVARD

SUITE 5 SUITE 5

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title D Title D

CASPER, KEN CIRUZZI, JEFF Name Name

785 WEST GRANADA BOULEVARD 785 WEST GRANADA BOULEVARD Address Address SUITE 5

SUITE 5

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

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.