

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719282 (6)

1. Corporation Name
SPRING LAKE TOWERS MANAGEMENT, INC.



Principal Place of Business
**700 MIRROR TERR
WINTER HAVEN FL 33881
US**

Mailing Address
**700 MIRROR TERR NW
WINTER HAVEN FL 33881
US**

3. Date Incorporated or Qualified
09/10/1970

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1346829

Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25
Country
30

9. Name and Address of Current Registered Agent

**BERRIDGE, RICHARD
700 MIRROR TERR NW UNIT 308
STE 201
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81 Name
BERRIDGE, RICHARD

82 Street Address (P.O. Box Number is Not Acceptable)
700 MIRROR TERR NW UNIT 308

83

84 City
WINTER HAVEN

85 Zip Code
FL 33881

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **Pres** **Feb 19, 1996**
Signature, typed or printed name of registered agent and then applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JESSEE, JOHN	
STREET ADDRESS	700 MIRROR TER NW 407	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLAKE, FAYE	
STREET ADDRESS	700 MIRROR TERR NW 503	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BELL, ELIZABETH	
STREET ADDRESS	700 MIRROR TERR NW 111	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAUGHLIN, DAVID	
STREET ADDRESS	700 MIRROR TERR NW 410	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, ARTHUR	
STREET ADDRESS	700 MIRROR TER NW UNIT 110	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, ALICE	
STREET ADDRESS	700 MIRROR TER NW #UNIT 701	
CITY - ST - ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RATH, JEANNE	
1.3 STREET ADDRESS	700 MIRROR TER NW 704	
1.4 CITY - ST - ZIP	WINTER HAVEN FL 33881	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CORBETT, LUZIA	
3.3 STREET ADDRESS	700 MIRROR TERR NW 112	
3.4 CITY - ST - ZIP	WINTER HAVEN FL 33881	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LAUGHLIN, DAVID	
4.3 STREET ADDRESS	700 MIRROR TERR NW 409	
4.4 CITY - ST - ZIP	WINTER HAVEN FL 33881	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BELL, ELIZABETH	
5.3 STREET ADDRESS	700 MIRROR TERR NW 110	
5.4 CITY - ST - ZIP	WINTER HAVEN FL 33881	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CLAUSON, BOYER	
6.3 STREET ADDRESS	700 MIRROR TERR NW 504	
6.4 CITY - ST - ZIP	WINTER HAVEN FL 33881	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Feb 19, 1996** **941-293-1962**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)