

FILE NOW: FILING FEE IS \$61.25

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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719282 (6)**

1. Corporation Name  
**SPRING LAKE TOWERS MANAGEMENT, INC.**



Principal Place of Business <b>700 MIRROR TERR WINTER HAVEN FL 33881 US</b>	Mailing Address <b>700 MIRROR TERR NW WINTER HAVEN FL 33881-2393 US</b>
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3. Date Incorporated or Qualified <b>09/10/1970</b>	3a. Date of Last Report <b>02/26/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-1346829</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>CLAUSON, BOYER PRESIDENT</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>700 MIRROR TERR NW UNIT 504</b>
83
84 City <b>WINTER HAVEN</b>
85 State <b>FL</b>
86 Zip Code <b>33881</b>

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: *Boyer O. Clauson* **BOYER O. CLAUSON** DATE: **Jan. 18, 1997**

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>TD</b>	
NAME	<b>RATH, JEANNE</b>	
STREET ADDRESS	<b>700 MIRROR TERRACE NW 704</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLAKE, FAYE</b>	
STREET ADDRESS	<b>700 MIRROR TERR NW 503</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>CORBETT, LUZIA</b>	
STREET ADDRESS	<b>700 MIRROR TERR NW 112</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LAUGHLIN, DAVID</b>	
STREET ADDRESS	<b>700 MIRROR TERRACE NW 409</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BELL, ELIZABETH</b>	
STREET ADDRESS	<b>700 MIRROR TER NW UNIT 110</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CLAUSON, BOYER</b>	
STREET ADDRESS	<b>700 MIRROR TERRACE NW 504</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SHAW, VIRGINIA</b>		
4.3 STREET ADDRESS	<b>700 MIRROR TERR NW 406</b>		
4.4 CITY-ST-ZIP	<b>WINTER HAVEN FL</b>		
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	<b>BERRIDGE, RICHARD</b>		
5.3 STREET ADDRESS	<b>700 MIRROR TERR NW 308</b>		
5.4 CITY-ST-ZIP	<b>WINTER HAVEN FL</b>		
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JESSEE, JOHN</b>		
6.3 STREET ADDRESS	<b>700 MIRROR TERR NW 407</b>		
6.4 CITY-ST-ZIP	<b>WINTER HAVEN FL</b>		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Boyer O. Clauson* **Boyer Clauson, Jan. 18, 1997** DATE: **941-293-2922**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)