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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719282

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/10/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1346829
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CLAUSON, BOYER 700 MIRROR TERRACE NW UNIT 504 WINTER HAVEN FL 33881	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	RATH, JEANNE 700 MIRROR TERRACE NW 704 WINTER HAVEN FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	BLAKE, FAYE 700 MIRROR TERR NW 503 WINTER HAVEN FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	MURCHISON, JOYE 700 MIRROR TERR NW 507 WINTER HAVEN FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	SHAW, VIRGINIA 700 MIRROR TERRACE NW #406 WINTER HAVEN FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	WARWICK, LAURENCE 700 MIRROR TERR NW 110 WINTER HAVEN FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	TREMBLAY, BOB 700 MIRROR TERR NW 410 WINTER HAVEN FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *Boyer O. Clauson* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **BOYER O. CLAUSON 1-13-99** 941 294 4378
Date Daytime Phone #

CR2E037 (11/98)