


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 719282  
 1. Entity Name  
 SPRING LAKE TOWERS MANAGEMENT, INC.



Principal Place of Business      Mailing Address  
 700 MIRROR TERRACE, N.W.      700 MIRROR TERRACE, N.W.  
 WINTER HAVEN, FL 33887 US      WINTER HAVEN, FL 33881 US

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 59-1346829      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SHAW, VIRGINIA  
 700 MIRROR TERRACE NW UNIT 406  
 WINTER HAVEN, FL 33881

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Virginia Shaw      Virginia Shaw - President      1/13/05  
Signature of, or printed name of, registered agent and title if applicable      (NOTE: Registered Agent signature required when registering)      DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BULL, ERIC
STREET ADDRESS	700 MIRROR TERRACE NW UNIT 407
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	S
NAME	BLAKE, FAYE
STREET ADDRESS	700 MIRROR TERR NW 503
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	FLIESCHMAN, TERRY
STREET ADDRESS	700 MIRROR TERRACE NW UNIT 706
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	P
NAME	SHAW, VIRGINIA
STREET ADDRESS	700 MIRROR TERRACE NW #406
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	FLETCHER, DONALD
STREET ADDRESS	700 MIRROR TERRACE NW UNIT 401
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	T
NAME	NEEDHAM, GENEVIEVE
STREET ADDRESS	700 MIRROR TERRACE NW 206
CITY-ST-ZIP	WINTER HAVEN, FL 33880

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 01/19/05-80009-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Virginia Shaw      Virginia Shaw      1/13/05      (863) 295-9492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #