


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90060 035 ****61.25

DOCUMENT # 719282					
1. Entity Name SPRING LAKE TOWERS MANAGEMENT, INC.					
Principal Place of Business 700 MIRROR TERRACE, N.W. WINTER HAVEN, FL 33881 US		Mailing Address 700 MIRROR TERRACE, N.W. WINTER HAVEN, FL 33881 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1346829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAW, VIRGINIA 700 MIRROR TERRACE NW UNIT 406 WINTER HAVEN, FL 33881			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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: <i>Virginia Shaw</i>		(NOTE: Registered Agent signature required when re-registering)		DATE: <i>Jan. 26, 2006</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BULL, ERIC		NAME		
STREET ADDRESS	700 MIRROR TERRACE NW UNIT 407		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLAKE, FAYE		NAME		
STREET ADDRESS	700 MIRROR TERR NW 503		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLIESCHMAN, TERRY		NAME	D	
STREET ADDRESS	700 MIRROR TERRACE NW UNIT 706		STREET ADDRESS	MURPHY, THOMAS	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	700 MIRROR TERRACE NW UNIT 404	
TITLE	P	<input type="checkbox"/> Delete	TITLE	WINTER HAVEN, FL 33881	<input type="checkbox"/> Change
NAME	SHAW, VIRGINIA		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	700 MIRROR TERRACE NW #406		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLETCHER, DONALD		NAME		
STREET ADDRESS	700 MIRROR TERRACE NW UNIT 401		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEEDHAM, GENEVIEVE		NAME		
STREET ADDRESS	700 MIRROR TERRACE NW 206		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Virginia Shaw</i>		DATE: <i>Jan. 26, 2006</i>		DAYTIME PHONE # <i>863-294-4378</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	
VIRGINIA SHAW					