

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 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 # 729183 (4)**

1. Corporation Name  
**SPREADING OAK VILLAGE, INC.**



Principal Place of Business <b>2180 PARK AVE N STE 326 WINTER PARK FL 32789 US</b>	Mailing Address <b>2180 PaRK AVE N STE 326 WINTER APRK FL 32789-2398 US</b>
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3. Date Incorporated or Qualified <b>03/26/1974</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1579288</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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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9. Name and Address of Current Registered Agent

**MALCOM, THOMAS D.  
2180 PARK AVE N  
STE 326  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCOTT, RAY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	105 AUTUMN DR	1.2 NAME	
STREET ADDRESS	LONGWOOD FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	VPD BOYER, RONALD L.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	102 AUTUMN DR	2.2 NAME	
STREET ADDRESS	LONGWOOD FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	TD JOHNSTON, BOB	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 AUTUMN DR	3.2 NAME	
STREET ADDRESS	LONGWOOD FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	D SCHOENTHALER, DIANE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	102 BUTTERNUT LANE	4.2 NAME	
STREET ADDRESS	LONGWOOD FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	SD HUMPKE, ROGER	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	112 AUTUMN DR	5.2 NAME	
STREET ADDRESS	LONGWOOD FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Roger K. Humpke **HUMPKE** 4-23-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012345

CR2E037 (9/96)