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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729183 (4)

1. Corporation Name
SPREADING OAK VILLAGE, INC.



Principal Place of Business 2180 PARK AVE N STE 326 WINTER PARK FL 32789 US	Mailing Address 2180 PaRK AVE N STE 326 WINTER APRK FL 32789 US
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3. Date Incorporated or Qualified
03/26/1974

4. FEI Number
59-1579288

Applied For
 Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **FL** **85** Zip Code

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 _____ (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	SD Jean Allison
STREET ADDRESS 105 AUTUMN DR	LONGWOOD FL	1.2 NAME	120 Autumn Dr.
CITY-ST-ZIP LONGWOOD FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	Longwood, FL 32779
TITLE TD	JOHNSTON, BOB	1.4 CITY-ST-ZIP	Longwood, FL 32779
STREET ADDRESS 100 AUTUMN DR	<input type="checkbox"/> DELETE	2.1 TITLE	P Bob Johnston
CITY-ST-ZIP LONGWOOD FL		2.2 NAME	100 Autumn Dr.
TITLE D	SCHOENTHALER, DIANE	2.3 STREET ADDRESS	Longwood, FL 32779
STREET ADDRESS 102 BUTTERNUT LANE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
CITY-ST-ZIP LONGWOOD FL		3.1 TITLE	D Wanda Aro
TITLE SD	HUMPKE, ROGER	3.2 NAME	107 Autumn Dr.
STREET ADDRESS 112 AUTUMN DR	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	Longwood, FL 32779
CITY-ST-ZIP LONGWOOD FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP Roger Humke
NAME		4.2 NAME	112 Autumn Dr.
STREET ADDRESS		4.3 STREET ADDRESS	Longwood, FL 32779
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Roger K. Humke **ROGER K. HUMKE** 4/27/98 (407) 647-2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0080565

CR2E037 (10/97)