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Apr 23, 1999 8:00 am
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 # 729183

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 PARK FL 32789 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 03/26/1974	4. FEI Number 59-1579288 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	ALLISON, JEAN 120 AUTUMN DR LONGWOOD FL 32779	1.1 TITLE Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	PD Barnett, Joan 100 Cedar Point Lane Longwood, FL 32719
TITLE P	JOHNSTON, BOB 100 AUTUMN DR LONGWOOD FL	2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE D	SCHOENTHALER, DIANE 102 BUTTERNUT LANE LONGWOOD FL	3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE VP	HUMKE, ROGER 112 AUTUMN DR LONGWOOD FL	4.1 TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	D
TITLE D	ARO, WANDA 107 AUTUMN DR LONGWOOD FL 32779	5.1 TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	VTD
TITLE		6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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: _____ DATE: 4/18/99 DAYTIME PHONE # _____

CR2E037 (1/98)