

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 740854 (5)**

1. Corporation Name  
**SPENCER LAKES PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
C/O ASSOC. PROP. MANAGE. OF PALM BCHES  
400 SOUTH DIXIE HIGHWAY, SUITE 10  
LAKE WORTH FL 33460 C/O ASSOC. PROP. MANAGE. OF PALM BCHES  
400 SOUTH DIXIE HIGHWAY, SUITE 10  
LAKE WORTH FL 33460

3. Date Incorporated or Qualified **11/21/1977** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2352260** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ASSOCIATED PROPERTY MANAGEMENT  
400 SOUTH DIXIE HIGHWAY  
SUITE 10  
LAKE WORTH FL 33460**

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**

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 '96**

TITLE	<del>VP</del> <b>SID</b>	<input type="checkbox"/> DELETE
NAME	<b>IPP, JACKIE</b>	
STREET ADDRESS	<b>4108 TEMPLE STREET</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<del>VP</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>HILL, KIRK</del>	
STREET ADDRESS	<del>3912 HEATH CIRCLE NORTH</del>	
CITY-ST-ZIP	<del>WEST PALM BEACH FL</del>	
TITLE	<del>VP</del> <b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, RONNIE</b>	
STREET ADDRESS	<b>4017 TEMPLE STREET</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ISAAC Robinson, Jr.</b>
2.3 STREET ADDRESS	<b>3905 Shelley Road North</b>
2.4 CITY-ST-ZIP	<b>West Palm Beach, FL</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *Spencer Lakes Property Owners' Association, Inc.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/96 (407) 588-7210**  
Date: Daytime Phone #

CR2E037 (12/95)