FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Apr 13 1998 8:00am
Secretary of State

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

4. FEI Number
59-2352260
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	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 12		
TITLE **SDT** ☐ DELETE		1.1 TITLE	☐ Change	☐ Addition
NAME **BAYS, ROY JR**		1.2 NAME		
STREET ADDRESS **3904 SHELLY ROAD S**		1.3 STREET ADDRESS		
CITY-ST-ZIP **W PALM BEACH FL**		1.4 CITY-ST-ZIP		
TITLE **PD** ☐ DELETE		2.1 TITLE	☐ Change	☐ Addition
NAME **ROBINSON, ISAAC J**		2.2 NAME		
STREET ADDRESS **3905 SHELLEY ROAD NORTH**		2.3 STREET ADDRESS		
CITY-ST-ZIP **WEST PALM BEACH FL**		2.4 CITY-ST-ZIP		
TITLE **VD** ☐ DELETE		3.1 TITLE	☐ Change	☐ Addition
NAME **THOMAS, RONNIE**		3.2 NAME		
STREET ADDRESS **4017 TEMPLE STREET**		3.3 STREET ADDRESS		
CITY-ST-ZIP **WEST PALM BEACH FL**		3.4 CITY-ST-ZIP		
TITLE ☐ DELETE		4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE ☐ DELETE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE ☐ DELETE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: