

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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**95 APR 18 PM 10:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # 745870 (6)**

1. Corporation Name  
**SPRING LAKE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

~~4100 WHITEHALL DRIVE~~      **% BENSON'S INC**  
**FT MYERS FL 33907**      **12650 WHITEHALL DRIVE**  
**US**      **FT MYERS FL 33907**  
      **US**

2. Principal Place of Business      2a. Mailing Address

21 **3150 Shorewood Lane**      26      Suite, Apt. #, etc.

22      Suite, Apt. #, etc.      27      City & State

23      City & State      28      City & State

24      Zip      Country      29      Zip      Country      30

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**01/24/1979**      **04/05/1994**

4. FEI Number      Applied For  
**59-2070868**      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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status            **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**BENSON, MARK R.**  
**% BENSON'S INC**  
**12650 WHITEHALL DR**  
**FT. MYERS FL 33907**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>MIDGLEY, MARILENA</b>
STREET ADDRESS	<b>3150 SHOREWOOD LN C-208</b>
CITY - ST - ZIP	<b>FT MYERS, FL 00000</b>
TITLE	<b>VD</b>
NAME	<b>JENNINGS, JIMMY J.</b>
STREET ADDRESS	<b>3130 SHOREWOOD LANE, B-2</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>
TITLE	<b>TD</b>
NAME	<b>CONNET, BOB</b>
STREET ADDRESS	<b>6284 WESTSHORE DR., D-1</b>
CITY - ST - ZIP	<b>FT MYERS FL</b>
TITLE	<b>D</b>
NAME	<b>CYGENHAGEN, GLADYS</b>
STREET ADDRESS	<b>13533 PINE VILLA LANE</b>
CITY - ST - ZIP	<b>FORT MYERS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jennings, Jimmy</b>
1.3 STREET ADDRESS	<b>3130 Shorewood Lane, #B-2</b>
1.4 CITY - ST - ZIP	<b>Fort Myers, FL</b>
2.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Wall, Christie</b>
2.3 STREET ADDRESS	<b>3130 Shorewood Lane, #B-1</b>
2.4 CITY - ST - ZIP	<b>Fort Myers, FL</b>
3.1 TITLE	<b>S/T/D</b> <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	<b>DELETE</b>
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)(b), 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 its 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 as an appointment with an address.

SIGNATURE: *Jimmy Jennings*      **Jimmy JENNINGS**      **(813) 277-0718**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
4/6/95      \_\_\_\_\_