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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

745870

(6)

## SPRING LAKE CONDOMINIUM ASSOCIATION, INC.

	DOMINIOM ASSOCIAT	IOIA, IIAO.										
Principal Place of Business		Mailing Address							LAN CARN II			
3150 SHOREWOOD LANE FT MYERS FL 33907 US		% BENSON'S. INC 12650 WHITEHALL DRIVE FT MYERS FL 33907			i	3. Date Incorporated or Qualified 01/24/1979						
	US					4. FEI Nun	-2070868			-		ied For Applicable
Principal Place of Business     1	2a. M	lailing Address				5. Certifica	ite of Status Di	esired				ditional
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Fee Required  6. Election Campaign Financing Trust Fund Contribution  Fee Required  \$5.00 May Be Added to Fees						y Be
City & State		City & State				<del></del>	nd Contributio onprofit corpo		meowne			
23		28				77 15 4110 11				□No		
<del>_</del>	ountry Zi	ip	Count	try		l .	poration owes	-				
24 25 25 0 Name and 0	29  ddress of Current Register	ad Acont	30				i Property Tax nd Address o			Yes	<u> </u>	<u>ио</u>
9. Name and A	duress of Carrent Register	ed Agent	8	1 Name	9	ių, ivaine a	no Address o	I NEW HE	gistereu	Ayent		·
BENSON, MARK R.			L									
% BENSON'S INC			8	2 Stree	t Addres	ss (P.O. Box I	Number is Not	Acceptab	ole) 			
12650 WHITEHALL DR			8	3								
FT. MYERS FL 33907			8	4 City			- <u></u>		FI	85	ip Co	de
<ol> <li>Pursuant to the provisions of office or registered agent, or agent. I am familiar with, and</li> </ol>	Sections 617.0502 and 617.	1508, Florida Statut Such change was	tes, the abo	Ve-name	d corpor	ration submits	s this statemer	nt for the p		f changir	g its r	egistered
agent. I am familiar with, and	d accept the obligations of, S	ection 617.0503, Fi	orida Statut	es.				,				9.010.02
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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 chargled, or on an attaching of the receiver of the receive

SIGNATURE

NATURE OND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/98

Daytime Phone # 0057136

**FILED** 

Feb 06 1998 8:00am

Secretary of State