


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90054 041 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745870**

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

Principal Place of Business 3450 SHOREWOOD LANE FT MYERS FL 33907 US	Mailing Address %-BENSON'S INC 12650 WHITEHALL DRIVE FT MYERS FL 33907 US
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2. Principal Place of Business 21 10060 Amberwood Rd Suite, Apt. #, etc. 22 4 City & State 23 Fort Myers, FL Zip Country 24 33913 25 US	2a. Mailing Address 26 10 Gulf Coast Management Suite, Apt. #, etc. 27 10060 Amberwood Rd #4 City & State 28 Fort Myers, FL Zip Country 29 33913 30 US	3. Date Incorporated or Qualified 01/24/1979	4. FEI Number 59-2070868	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		

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 **BOB GELLES**

82 Street Address (P.O. Box Number is Not Acceptable)  
 100 GULF COAST MANAGEMENT

83 10060 Amberwood Road #4

84 City **Fort Myers** 85 Zip Code **FL 33913**

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 Robert E. Gelles Robert E. Gelles/CAM 4/6/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALL, CHRISTIE	
STREET ADDRESS	3130 SHOREWOOD LANE, B1	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JENNINGS, JIMMY J.	
STREET ADDRESS	3130 SHOREWOOD LANE, B-2	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CONNET, BOB	
STREET ADDRESS	6264 WESTSHORE DR., D-1	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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 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: Robert Connet 4-11-99 941-561-1600  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)