

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-14-2001 90204 026 ****61.25

DOCUMENT # 745870

1. Entity Name

SPRING LAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10060 AMBERWOOD RD
 4
 FT MYERS FL 33913
 US

10060 AMBERWOOD RD STE 4
 C/O GULF COAST MGMT
 FT MYERS FL 33913
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

W.W. School Mgmt, Inc.
 Suite, Apt. #, etc.
 9411 Cypress Lake Dr, Ste 2
 City & State
 Fort Myers FL
 Zip
 33919
 Country
 USA

4. FEI Number

59-2070868

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELLES, BOB
 C/O GULF COAST MGMT
 10060 AMBERWOOD RD #4
 FT. MYERS FL 33913

Name
W.W. School Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 9411 Cypress Lake Drive
 Suite 2
 City
 Fort Myers FL
 Zip Code
 33919

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Paul Schod, LCAM 4-27-2001

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WALL, CHRISTIE	
STREET ADDRESS	3130 SHOREWOOD LANE, B1	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	PD	<input checked="" 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrea Jennings - Pres. D	
STREET ADDRESS	3130 Shorewood Lane - B-2	
CITY-ST-ZIP	Ft. Myers FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah Warren - Sec. D	
STREET ADDRESS	6264 Westshore Dr. - D4	
CITY-ST-ZIP	Ft. Myers FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrea Jennings
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrea Jennings 4/27/01
 Date

941-501-1444
 Daytime Phone #

CR2E037 (10/00)