

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90381 038 ****61.25

DOCUMENT # 745870

1. Entity Name

SPRING LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O W. W. SCHOO MGMT. INC
 9411 CYPRESS LAKE DR. STE 2
 FORT MYERS FL 33919
 US

C/O W. W. SCHOO MGMT. INC
 9411 CYPRESS LAKE DR. STE 2
 FORT MYERS FL 33919
 US

DUI17716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O School Management, Inc.
 Suite, Apt. #, etc.
 9411-2 Cypress Lake Dr

C/O School Management, Inc.
 Suite, Apt. #, etc.
 9411-2 Cypress Lake Dr

City & State

City & State

Fort Myers, FL

Fort Myers, FL

4. FEI Number

59-2070868

Applied For

Not Applicable

Zip
33919

Country
USA

Zip
33919

Country
USA

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

W. W. SCHOO MANAGEMENT, INC
 9411 CYPRESS LAKE DR
 SUITE 2
 FORT MYERS FL 33919

~~Nonda~~
 Leslie Johnson
 Street Address (P.O. Box Number is Not Acceptable)
 C/O Schoo Management, Inc/
 9411-2 Cypress Lake Drive
 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

Leslie Johnson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENNINES, ANDREA 3130 SHOREWOOD LN, STE B-2 FT. MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARREN, DEBORAH 6264 WESTSHIRE DR, STE D4 FT. MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CONNET, BOB 6264 WESTSHORE DR., D-1 FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Foster, Jean 15878 GlenEagle Court Fort Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LeVoy, Marcie 3150 Shorewood Lane 302 Fort Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Wall, Christie 3130 Shorewood Lane, B1 Fort Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Marcie LeVoy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/02

CR2E037 (9/01)