


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

07-22-2004 90007 028 ****61.25

DOCUMENT # 745870			
1. Entity Name SPRING LAKE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business SPRING LAKE ASSOCIATIONS 13300-56 S CLEVELAND AVE., #255 FORT MYERS, FL 33907 US		Mailing Address SPRING LAKE ASSOCIATIONS 13300-56 S CLEVELAND AVE., #255 FORT MYERS, FL 33907 US	
2. Principal Place of Business <i>Spring Lake Condominium Assoc</i> Sulte, Apt. #, etc.: <i>3150 - C100 Shorewood Ln.</i> City & State <i>Ft. Myers, FL</i>		3. Mailing Address <i>Same as #2</i> Sulte, Apt. #, etc.: City & State	
4. FEI Number 59-2070868		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPRING LAKE ASSOCIATIONS 1300-56 S CLEVELAND AVE., UNIT #255 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: <i>Christie L. Wall</i> <i>Spring Lake Condominium Association</i> Street Address (P.O. Box Number is Not Acceptable): <i>3150 - C100 Shorewood Ln.</i> City: <i>Ft. Myers</i> FL Zip Code: <i>33907</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Christie L. Wall</i> <i>Christie L. Wall, President</i>		DATE: <i>July 20, 2004</i>	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALL, CHRISTIE 1300-B1 SHAREWOOD LN FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Christie Wall 3130-B1 Shorewood Ln. Ft. Myers, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHATFIELD, PATRICIA 3150 - C106 SHAREWOOD LN FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Al Kihlstrom 6264-DI Westshore Dr. Ft. Myers, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEVINE, DONALD 29 HOOVER PL STONY POINT, NY 10980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Robert Rodriguez 3150 - C206 Shorewood Ln. Ft. Myers, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>Christie L. Wall</i> <i>Christie L. Wall, President</i>		DATE: <i>July 20, 2004</i> (23A) 336-7709	

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07192004 Chg-NP CR2E037 (10/03)