


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 745870
 1. Entity Name
 SPRING LAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business SPRING LAKE CONDOMINIUM ASSOCIATIONS 3150-C100 SHOREWOOD LN FORT MYERS, FL 33907 US	Mailing Address SPRING LAKE CONDOMINIUM ASSOCIATIONS 3150-C100 SHOREWOOD LN FORT MYERS, FL 33907 US
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08112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2070868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WALL, CHRISTIE
 3150-C100 SHOREWOOD LN
 FORT MYERS, FL 33907

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALL, CHRISTIE 3130-B1 SHOREWOOD LN FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KIHLSTROM, AL 6264-D1 WESTSHORE DR FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP RODRIGUEZ, ROBERT 3150- C206 SHOREWOOD LN FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 08/15/05-80002-017 61.25

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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: Christie L. Wall Christie L. Wall, Pres. 8/11/05 (239) 336-7709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #