

FILED

Jul 15, 2003 8:00 am

Secretary of State

06-30-2003 90064 028 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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



Principal Place of Business
C/O W. W. SCHOO MGMT, INC
9411 CYPRESS LAKE DR. STE 2
FORT MYERS FL 33919
US

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

55051324

2. Principal Place of Business
Spring Lake Associations
Suite, Apt #, etc.
13300-56 S. Cleveland Ave.
City & State
Ft. Myers, FL #255

3. Mailing Address
Spring Lake Associations
Suite, Apt #, etc.
13300-56 S. Cleveland Ave.
City & State
Ft. Myers, FL #255



X CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent
Name Spring Lake Associations
Street Address (P.O. Box Number is Not Acceptable)
13300-56 S. Cleveland Ave.
Unit # 255
City Ft. Myers FL Zip Code 33907

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 Christie L. Wall Christie L. Wall - President 6/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) 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 Florida Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include JENNINES, ANDREA; WARREN, DEBORAH; CONNET, BOB.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include President Wall, Christie; Secretary/Treasurer Chatfield, Patricia; Vice President Devine, Donald.

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 6/10/03 (239) 336-7709
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)