FII	F	Nſ	١w٠	FII	ING	FEE	IS	\$61	.25
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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(4)

DOCUMENT # 745871 SPRING LAKE COMMUNITY ASSOCIATION, INC.

Mailing Address Principal Place of Business c/o Benson's, Inc. 6264 Westshore Dr. Fort Myers, FL 33907

12650 Whitehall Dr. 3a. Date of Last Report 3. Date Incorporated or Qualified Fort Myers, FL 33907 1/24/79

$\overline{}$	2. Principal Place of Business			2a. Mailing Address			65-0072343		Not Applicable	
21	Suite. Apt. #, etc.		26	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	City & State		27	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	Zip	Country 25	29	Zip	30 Cou	intry		Fighta Statutes	X Yes	No
24	9. Name and Address of Current Registered Agent Benson, Mark R. 12650 Whitehall Drive Fort Myers, FL 33907					10. Name and Address of New Registered Agent				
\vdash					61	Name				
					82 Street Address (P.O. Box Number is Not Acceptable)					
									Jee Zin Codo	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

City 84

SIGNATUREs	rignature, typico or printed name of registered agent and little if applicable. (NOTE	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OPPICERS AND DIRECTORS IN 12
TITLE	P/D DELETE	1 1 TITLE	
NAME	Connet, Robert	12 NAME	
STREET ADDRESS	6264 Westshore Drive, #D1	1 3 STREET ADDRESS	
CITY - ST - ZIP	Fort Myers, FL	1 4 CITY - ST - ZIP	Change Addition
TITLE	S/T/D DELETE	2 1 TITLE	
NAME	Jennings, Jimmy	22 NAME	
STREET ADDRESS	3130 Shorewood Lane, #B2	2 3 STREET ADDRESS	
CITY - ST - 7IP	Fort Myers, FL	2 4 CITY - ST - ZIP	Change Addition
THE	D DELETE	3 1 TITLE	Change Addition
NAMÉ	Bigansky, Dennis	3.2 NAME	
STREET ADDRESS	6268 Westshore Drive, #E3	3 3 STREET ADDRESS	
C/TY-ST-Z/P	Fort Myers, FL	34 CITY-ST-ZIP	Change Addition
TITLE	DELETE	4 1 TITLE	Cnange Addition
NAME		4 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CiTY - S1 - ZIP	
TITLE	DELETE	5 1 TITLE	Change Addition
NAME		5 2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
		5 4 CITY-ST-ZIP	The second second
CITY - ST - ZIP	DELETÉ	61 TITLE	-04/19/9601012034
NAME	_	62 NAME	-04/19/9601012034) 1/2
		6.3 STREET ADDRESS	***61.25 / UTO
STREET ADDRESS		6 4 CITY-ST-ZIP	
CITY - ST - ZiP	Could the thin dileggie voluntarily for	reiched and does not rui	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x). Florida Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify 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 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 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 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 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.

SIGNATURE:

Applied For

Zip Code

85