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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745871 (4)

1. Corporation Name
SPRING LAKE COMMUNITY ASSOCIATION, INC.



Principal Place of Business: 6264 WESTYSHORE DR. FORT MYERS FL 33907 US
Mailing Address: C/O BENSON'S, INC. 12650 WHITEHALL DR. FORT MYERS FL 33907-3619 US

3. Date Incorporated or Qualified: 01/24/1979
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.
4. FEI Number: 65-0072343
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BENSON, MARK R. 12650 WHITEHALL DR. FT. MYERS FL 33907
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNET, ROBERT	1.2 NAME	
STREET ADDRESS	6264 WESTSHORE DR., #D1	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	V / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, JIMMY	2.2 NAME	
STREET ADDRESS	3130 SHOREWOOD LAND, B-2	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGANSKY, DENNIS	3.2 NAME	
STREET ADDRESS	6168 WESTSHORE DR. #E3	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Wall, Christie
STREET ADDRESS		4.3 STREET ADDRESS	3130 Shorewood Lane, #B1
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Fort Myers, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 or changed on an attachment with an address.

SIGNATURE: *Robert Connet* 2-8-97 (941) 277-0718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055505

CR2E037 (9/96)