

5/10

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-10-2001 90176 009 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745871

1. Entity Name

SPRING LAKE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10060 AMBERWOOD RD
4
FORT MYERS FL 33913
US

10060 AMBERWOOD RD STE 4
C/O GULF COAST MGMT
FORT MYERS FL 33913
US

47727



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O W.W. School Mgmt, Inc.
Suite, Apt. #, etc.
9411 Cypress Lake Dr, Ste 2
City & State
Fort Myers FL

C/O W.W. School Mgmt, Inc.
Suite, Apt. #, etc.
9411 Cypress Lake Dr, Ste 2
City & State
Fort Myers FL

4. FEI Number

65-0072343

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GELLES, BOB
C/O GULF COAST MGMT
10060 AMBERWOOD RD STE 4
FT. MYERS FL 33913

7. Name and Address of New Registered Agent

Name
W.W. School Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
9411 Cypress Lake Drive
Suite 2
City
Fort Myers FL Zip Code
33919

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.

SIGNATURE

Signature typed or printed (name of registered agent and title if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

Paul School, LCAM 4-27-2001

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contributor.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Delete
NAME	CONNET, ROBERT	
STREET ADDRESS	6264 WESTSHORE DR., #D1	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JENNINGS, JIMMY	
STREET ADDRESS	3130 SHOREWOOD LAND, B-2	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WALL, CHRISTIE	
STREET ADDRESS	3130 SHOREWOOD LN, B1	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Andrea Jennings - U.P./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3130 Shorewood Lane - B-2	
CITY-ST-ZIP	FT Myers FL	
TITLE	Debrah Warren - Sec/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6264 Westshore Dr - D-4	
CITY-ST-ZIP	FT Myers FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Signature and typed or printed name of signing officer or director: Andrea Jennings 4/27/01 941-561-1444

Date

Daytime Phone #

CR2E037 (10/00)