

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90363 010 \*\*\*\*61.25

**DOCUMENT # 745871**

1. Entity Name

**SPRING LAKE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O WWW SCHOOL MGMT INC  
 9411 CYPRESS LAKE DR. STE 2  
 FORT MYERS FL 33919  
 US

C/O WWW SCHOOL MGMT INC  
 9411 CYPRESS LAKE DR. STE 2  
 FORT MYERS FL 33919  
 US

2. Principal Place of Business

3. Mailing Address

*C/O School Management, Inc.*  
 Suite, Apt. #, etc.

*C/O School Management, Inc.*  
 Suite, Apt. #, etc.

9411-2 Cypress Lake Drive

9411-2 Cypress Lake Drive

City & State  
 Fort Myers, FL

City & State  
 Fort Myers, FL

4. FEI Number

65-0072343

Applied For

Not Applicable

Zip  
 33919

Country  
 USA

Zip  
 33919

Country  
 USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WWW SCHOOL MGMT INC  
 9411 CYPRESS LAKE DR  
 SUITE 2  
 FORT MYERS FL 33919

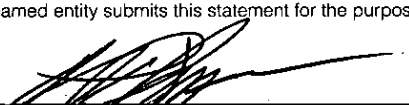
Name  
 Leslie Johnson

Street Address (P.O.-Box Number is Not Acceptable):  
*C/O School Management, Inc.*  
 9411 -2 Cypress Lake Drive

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



Leslie Johnson

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

(NOTE: Registered Agent signature required when reinstating)

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME CONNET, ROBERT  
 STREET ADDRESS 6264 WESTSHORE DR., #D1  
 CITY-ST-ZIP FT. MYERS FL

TITLE P/D  Change  Addition  
 NAME Sullen, Kathryn  
 STREET ADDRESS 6268 Westshore Drive E2  
 CITY-ST-ZIP Fort Myers, FL 33907

TITLE VPD  Delete  
 NAME JENNINGS, ANDREA  
 STREET ADDRESS 3130 SHOREWOOD LAND, B-2  
 CITY-ST-ZIP FT. MYERS FL

TITLE V/D  Change  Addition  
 NAME Heppenstall, David  
 STREET ADDRESS 6272 Westshore Drive F4  
 CITY-ST-ZIP Fort Myers, FL 33907

TITLE SD  Delete  
 NAME WARREN, DEBORAH  
 STREET ADDRESS 6264 WESTSHORE DR D-4  
 CITY-ST-ZIP FT. MYERS FL

TITLE T/D  Change  Addition  
 NAME Foster, Jeanne  
 STREET ADDRESS 15878 Gleneage Court  
 CITY-ST-ZIP Fort Myers, FL 33919

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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)(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:

*Jeanne Foster*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)