


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

07-26-2004 90001 044 ****61.25

DOCUMENT # 745871			
1. Entity Name SPRING LAKE COMMUNITY ASSOCIATION, INC.			
Principal Place of Business SPRING LAKE ASSOCIATIONS 13300 56 SOUTH CLEVELAND AVE., BOX 255 FORT MYERS, FL 33907 US		Mailing Address SPRING LAKE ASSOCIATIONS 13300 56 SOUTH CLEVELAND AVE., BOX 255 FORT MYERS, FL 33907 US	
2. Principal Place of Business <i>Spring Lake Community Assoc</i> Suite, Apt. #, etc. <i>315D Shorewood Ln. #100</i>		3. Mailing Address <i>Same as #2</i> Suite, Apt. #, etc.	
City & State <i>Ft. Myers, FL</i>		City & State	
Zip <i>33907</i>		Country <i>U.S.A.</i>	
4. FEI Number 65-0072343		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WWW SCHOOL MGMT INC 9411 CYPRESS LAKE DR SUITE 2 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name <i>Christie Wall</i> Spring Lake Community Assoc Street Address (R.O. Box Number is Not Acceptable) <i>315D Shorewood Ln. Suite #100</i> Suite #100 City <i>Ft. Myers</i> FL Zip Code <i>33907</i>	
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 <i>Christie L. Wall</i> Christie L. Wall, President <i>July 22, 2004</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
Filing Fee is \$81.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMANN, KATHY L 6268 WEST SHORE DR E2 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Christie Wall</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3130-B1 Shorewood Ln.</i> <i>Ft. Myers, FL 33907</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALL, CHRISTIE 3130-B1 SHARWOOD LN FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Robert Rodriguez</i> <i>3150-C206 Shorewood Ln.</i> <i>Ft. Myers, FL 33907</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHATFIELD, PATTI 3150 SHAREWOOD LN #C-103 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ST</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Al Kilstrom</i> <i>6264-D1 Westshore Dr.</i> <i>Ft. Myers, FL 33907</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Christie L. Wall</i> Christie L. Wall, President <i>July 22, 2004</i> (239) 336-7709 Signature and typed or printed name of signing officer or director Date Daytime Phone #			

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