


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90012 020 ****61.25

DOCUMENT # 745871
 1. Entity Name
SPRING LAKE COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
SPRINGLAKE COMMUNITY ASSOC
3150 SHOREWOOD LN STE 100
FORT MYERS FL 33907
US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

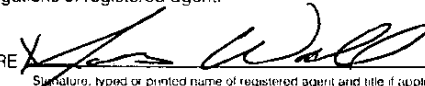
City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 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
WALL, CHRISTIE
3150 SHOREWOOD LANE
STE 100
FORT MYERS FL 33907

7. Name and Address of New Registered Agent
 Name **Wall, James**
 Street Address (P.O. Box Number is Not Acceptable)
3150 Shorewood Lane
Suite 100
 City **Ft. Myers** FL Zip Code **33907**

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  **James I. Wall - President** **May 1, 2006**
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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WALL, CHRISTIE	
STREET ADDRESS	3130-B1	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	V	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ROBERT	
STREET ADDRESS	3150-C206	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KIHLSTROM, AL	
STREET ADDRESS	6264-D1 WESTSHORE DR	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wall, James	
STREET ADDRESS	3130-B1 Shorewood Lane	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christy, Janet	
STREET ADDRESS	6272-1 F3 Westshore Drive	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee, Jill	
STREET ADDRESS	6268- E2 Westshore Drive	
CITY-ST-ZIP	Ft. Myers, FL 33907	
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		
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 exemptions contained in Section 119, 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:  **James I. Wall - President** **May 1, 2006 (239) 489-4062**