

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# 745871

Entity Name: SPRING LAKE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

SPRINGLAKE COMMUNITY ASSOCIATION, INC
3150 SHOREWOOD LN STE 100
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

SPRINGLAKE COMMUNITY ASSOCIATION, INC
3150 SHOREWOOD LN STE 100
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0072343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALL, CHRISTIE L
3150 SHOREWOOD LANE
STE 100
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EVANS, SHARI
Address: 3130-B3 SHOREWOOD LANE
City-St-Zip: FORT MYERS, FL 33907

Title: V () Delete
Name: SEYER, DAMON
Address: 3130-B4 SHOREWOOD LANE
City-St-Zip: FORT MYERS, FL 33907

Title: ST () Delete
Name: HANLEY, JAMES
Address: 3136-A4 SHOREWOOD LANE
City-St-Zip: FORT MYERS, FL 33907

Title: D (X) Delete
Name: SECREST, ADRIAN
Address: 6268-E4 WESTSHORE DRIVE
City-St-Zip: FT. MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIE L. WALL

RA

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date