

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

06-25-2003 90075 013 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **745871**

1. Entity Name

**SPRING LAKE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

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

**55052922**

SPRING LAKE ASSOCIATIONS

13300-56 South Cleveland Avenue  
 Box #255

Fort Myers, Florida 33907

Mailing Address

*Address*

City & State

4. FEI Number **65-0072343**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

CHECK HERE IF MAKING CHANGES

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  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Kathy L Hoffmann*

Signature, typed or printed name of registered agent, 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  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	CONNERT, ROBERT	6284 WESTSHORE DR., #D1	FT. MYERS FL	<input checked="" type="checkbox"/>
VPD	JENNINGS, ANDREA	3130 SHOREWOOD LAND, B-2	FT. MYERS FL	<input checked="" type="checkbox"/>
SD	WARREN, DEBORAH	6284 WESTSHORE DR D-4	FT. MYERS FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Kathy L. Hoffmann	6284 Westshore Dr E2	FT MYERS, FL 33907	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Christie Wall	3130-B1 Shorewood Ln.	Ft. Myers, FL 33907	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Patti Chatfield	3150 Shorewood Ln # C-103	Ft Myers, FL 33907	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 employment.

SIGNATURE: *Kathy L Hoffmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-03

Date

Daytime Phone #

257 2787834  
 239 2746822

CR2E037 (10/02)