

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755855 (4)
1. Corporation Name
SPRING LAKE II HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6272 WESTSHORE DRIVE
FT. MYERS FL 33907
US

C/O BENSON'S, INC
12650 WHITEHALL DRIVE
FT. MYERS FL 33907
US

3. Date Incorporated or Qualified
01/12/1981

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2723733

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENSON, MARK R.
12650 WHITEHALL DR
FT. MYERS FL 33907

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KELLEY, RANDALL J
STREET ADDRESS 6272 WESTSHORE DRIVE #F2
CITY-ST-ZIP FT. MYERS, FL 0 ☐ DELETE

1.1 TITLE P/D
1.2 NAME Bigansky, Dennis ☒ Change ☐ Addition
1.3 STREET ADDRESS 6268 Westshore Dr., #E3
1.4 CITY-ST-ZIP Fort Myers, FL

TITLE STD
NAME KELLEY, LINDA
STREET ADDRESS 6272 WESTSHORE DR #F2
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

2.1 TITLE S/T/D
2.2 NAME Rabideau, Julie ☒ Change ☐ Addition
2.3 STREET ADDRESS 6272 Westshore Drive, #F2
2.4 CITY-ST-ZIP Fort Myers, FL

TITLE VD
NAME HOOVER-SMITH, HELEN
STREET ADDRESS 6272 WESTSHORE DR #F4
CITY-ST-ZIP FT MYERS FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)