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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

528525 - 90054 - 43

DOCUMENT # **755855**

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~~

2. Principal Place of Business 21 10060 Amberwood Rd Suite, Apt. #, etc. 22 4 City & State 23 Fort Myers, FL Zip 24 33913 Country 25 US	2a. Mailing Address 26 c/o Gulf Coast Management Suite, Apt. #, etc. 27 10060 Amberwood Rd # 4 City & State 28 Fort Myers, FL Zip 29 33913 Country 30 US	3. Date Incorporated or Qualifed 01/12/1981 4. FEI Number 59-2723733 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Bob Gelles 82 Street Address (P.O. Box Number is Not Acceptable): c/o Gulf Coast Management 83 10060 Amberwood Road #4 84 City: Fort Myers FL 85 Zip Code: 33913

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: Robert E. Gelles Robert E. Gelles/CAM 4/6/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	~~HEDLEY, HALE~~		1.2 NAME	Todd Bowman
STREET ADDRESS	~~6268 WESTSHORE DR #E-2~~		1.3 STREET ADDRESS	6268 Westshore DR # E-2
CITY-ST-ZIP	~~FT. MYERS, FL 0 33907~~		1.4 CITY-ST-ZIP	FORT Myers, FL 33907
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HELMS, CINDY		2.2 NAME	
STREET ADDRESS	6272 WESTSHORE DR #F-1		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33907		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOOVER-SMITH, HELEN		3.2 NAME	
STREET ADDRESS	6272 WESTSHORE DR #F4		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Todd Bowman SIGNATURE REQUIRED Todd Bowman 4-11-99 954-561-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)