

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90002 007 ****61.25

DOCUMENT # 755855 1. Entity Name SPRING LAKE II HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 6268-6272 WESTSHORE DR FORT MYERS, FL 33907 US			Mailing Address 13300-56 S CLEVELAND AVE., #255 FORT MYERS, FL 33907 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 6268 Westshore Dr. Suite, Apt. #, etc. E-2 City & State Ft. Myers Zip Country FL Lec			
		4. FEI Number 59-2723733		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLFMANN, RICHARD 6268 WESTSHORE DR., E-2 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Hoffmann, Richard 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMANN, RICHARD 6268 WESTSHORE DR., E-2 FORT MYERS, FL 33907	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHIEBER, KURT 6268 WEST SHORE DR., #E-4 FORT MYERS, FL 33907	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEPPENSTALL, J 6272 WESTSHORE DR #F4 FORT MYERS, FL 33907	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 empowered.					
SIGNATURE: <u>Richard A. Hoffmann</u> Richard A. Hoffmann 7-2-04 239-214-0822					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					