

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR 20 PM 2:10**

**DOCUMENT # N34912 (8)**

1. Corporation Name

**SPENCER DRIVE-SARA LEE LANE PROPERTY OWNERS ASSO  
CIATION, INC.**

Principal Place of Business

Mailing Address

2020 SARA LEE LANE  
TALLAHASSEE FL 32312

2020 SARA LEE LANE  
TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/26/1989** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-3059789** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSTER, STEPHEN K.  
2020 SARA LEE LANE  
TALLAHASSEE FL 32312**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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 **P**  
NAME **MARYANSKI, BOB**  
STREET ADDRESS **7040 SPENCER DRIVE**  
CITY- ST- ZIP **TALLAHASSEE FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE **VD**  
NAME **FOSTER, STEVE**  
STREET ADDRESS **2020 SARA LEE LANE**  
CITY- ST- ZIP **TALLAHASSEE FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE **TD**  
NAME **CALHOUN, VAN**  
STREET ADDRESS **7004 SPENCER DRIVE**  
CITY- ST- ZIP **TALLAHASSEE FL**

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

TITLE **SD**  
NAME **SRYGLEY, PAUL**  
STREET ADDRESS **7043 SPENCER DRIVE**  
CITY- ST- ZIP **TALLAHASSEE FL**

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

TITLE **D**  
NAME **SCHWARTZ, PATRICIA**  
STREET ADDRESS **2000 SARA LEE LANE**  
CITY- ST- ZIP **TALLAHASSEE FL**

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

TITLE **D**  
NAME **CHASON, JOHN**  
STREET ADDRESS **7037 SPENCER DR.**  
CITY- ST- ZIP **TALLAHASSEE FL**

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 119.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen K. Foster  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/95  
DATE

904-893-7178  
TELEPHONE #