

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N34912** (8)

1. Corporation Name

SPENCER DRIVE-SARA LEE LANE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2020 SARA LEE LANE
TALLAHASSEE FL 32312

2020 SARA LEE LANE
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified
10/26/1989

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3059789

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

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

**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 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 date of appointment

(If the Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARYANSKI, BOB	
STREET ADDRESS	7040 SPENCER DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOSTER, STEVE	
STREET ADDRESS	2020 SARA LEE LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CALHOUN, VAN	
STREET ADDRESS	7004 SPENCER DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SRYGLEY, PAUL	
STREET ADDRESS	7043 SPENCER DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, PATRICIA	
STREET ADDRESS	2009 SARA LEE LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHASON, JOHN	
STREET ADDRESS	7037 SPENCER DR.	
CITY-ST-ZIP	TALLAHASSEE FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEHAN, KATHY	
1.3 STREET ADDRESS	2015 SARA LEE LANE	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SRYGLEY, PAUL	
2.3 STREET ADDRESS	7043 SPENCER DRIVE	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARYANSKI, LIZ	
3.3 STREET ADDRESS	7040 SPENCER DRIVE	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WATSON, KAREN	
4.3 STREET ADDRESS	2012 SARA LEE LANE	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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* *Steve Foster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 904-893-7178
Date Day in Office #

CR2E037 (12/95)