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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N34912

(8)

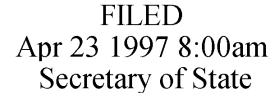
SPENCER DRIVE-SARA LEE LANE PROPERTY OWNERS ASSO CIATION, INC.

Principal Place of Business

Mailing Address

2020 SARA LEE LANE TALLAHASSEE FL 32312

2020 SARA LEE LANE TALLAHASSEE FL 32312-3546





									10/26/1989		04/12/199		
2.	Principal Pl	ace of Busin	iess	2a. Mailu	2a. Mailing Address				4. FEI Number			optied For	
21					26				59-3059789			Not Applicable	
	Suite, Apt. #, etc			Suite	Suite, Apt. #, etc.			4.0	5. Certificate of Status Desired	, D		Additional	
22			· · · · · · · · · · · · · · · · · · ·	27					J. Certificate of Status people	, L.J	Fee Ro	equired	
	City & State)			City & State			· il	6. Election Campaign Financia		• • • • •	May Be	
23	Zip Country			28	Zip Cou				Trust Fund Contribution			to Fees	
	Zip	······································			├ ─			8. This corporation has liability for intangible tax under s. Florida Statutes			199.032		
24	1 25 29 30 9. Name and Address of Current Registered Agent						10, Name and Address of New Registered Agent						
								81 Name					
FOSTER, STEPHEN K.													
	2020 SARA LEE LANE							82 Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32312							83						
INLLANGUEE FL 02012													
						1	B4	City		FI	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 registere												ts registered	
	office or Tegistered 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. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											ř		
SIG	SIGNATURE Signature, typicid or printed name of registered agent and title if applicable. (NOTE: Registere								Agent signature required when reinstating) DATE				
12	,		OFFICERS .	AND DIRECTORS	3	13.			ADDITIONS/CHANGES TO C	OFFICERS AN	D DIRECTOR	1S IN 12	
TITI	.E	P			DELETE	1.1 111	LE				Change	Addition	
NA/	ME	DEHAN, KATHY			1.21		1.2 NAME						
STE	ieet address	ADDRESS 2015 SARA LEE LANE			1.3		1.3 STREET ADDRESS						
CIT	Y-ST-ZIP	T-ZIP TALLAHASSEE FL			1.4		1.4 CITY-ST-ZIP						
TIT	LE	VP .			DELETE	DELETE 2.1 TIT					Change	Addition	
NA	₩€	SRYGLEY, PAUL			2.2 N/		2.2 NAME ,						
STF	REET ADDRESS	7043 SP	SPENCER DRIVE			2.3 STF	REETEA	ADDRESS					
CIT	Y-ST- <i>Z</i> IP	TALLAHA	ISSEE FL			2. 4 CIT	Y-ST	-ZIP					
Till	LE	T			DELETE	3 1 TITE	LE				Change	Addition	
NA	ME)	MARYAN	iski, liz			3.2 NA	ME	j				J	
STF	REET ADDRESS	7040 SP	encer drive			3.3 STF	HEET A	DORESS					
CIT	Y-ST-ZIP	TALLAH	ASSEE FL			3.4. CIT	Y-51	-ZIP					
7111	LF	SD			☐ DELETE	4.1 TITU	LE				☐ Change	Addition	
NAF	ME	SRYGLE				4. 2 NA	ME					1	
STF	REET ADDRESS		ENCER DRIVE			4.3 STR	REET A	address				1	
CIT	Y-ST-ZIP	TALLAHA	ASSEE FL			4.4 CIT		- ZIP					
Till	LE	D			DELETÉ	5.1 T ITI					Change	Addition	
NAI	ME }		RTZ, PATRICIA			52 NAI	ME				M d	12/60	
STF	REET ADDRESS		ra lee lane			5.3 STR	REET A	ADDRESS		- 4	-Wh U/-	12/17	
CIT	Y - \$1 - ZIP	TALLAHA	ASSEE FL			5.4 CIT	Y-\$T-	-ZIP			1111	!	
TIT	LE	D			DELETE	6.1 THT			3000021 -04/25/970	-	Change	Addition	
NA	ME		i, Karen			6.2 NA	ME 🛴	a reelas	-04/25/970	10780	27		
STF	REET ADDRESS		ra lee lane			6.3 STR	REETA	ODRESS	***61.25	.010 0	 1		
CIT	Y-\$1-ZIP	TALLAHS	SSEE FL			6.4 CIT							
14	. I do hereb		it the information supp	olled with this filin	g does not quali	ify for the e	exem	nption stated	in Section 119.07(3)(i), Florida St.	atutes. I furthe	er certify that	the	

t am an officer or director of the gorporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name