

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34912 (8)
1. Corporation Name
SPENCER DRIVE-SARA LEE LANE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 2020 SARA LEE LANE TALLAHASSEE FL 32312	Mailing Address 2020 SARA LEE LANE TALLAHASSEE FL 32312
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3. Date Incorporated or Qualified 10/26/1989		
4. FEI Number 59-3059789	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent
**FOSTER, STEPHEN K.
2020 SARA LEE LANE
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DEHAN, KATHY		1.2 NAME Strickland, Gene	
STREET ADDRESS 2015 SARA LEE LANE		1.3 STREET ADDRESS 7030 Spencer Drive	
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP Tallahassee, FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SRYGLEY, PAUL		2.2 NAME Dettan, Kathy	
STREET ADDRESS 7043 SPENCER DRIVE		2.3 STREET ADDRESS 2015 Sara Lee Lane	
CITY-ST-ZIP TALLAHASSEE FL		2.4 CITY-ST-ZIP Tallahassee, FL	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARYANSKI, LIZ		3.2 NAME Millar, Nick	
STREET ADDRESS 7040 SPENCER DRIVE		3.3 STREET ADDRESS 2016 Sara Lee Lane	
CITY-ST-ZIP TALLAHASSEE FL		3.4 CITY-ST-ZIP Tallahassee, FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SRYGLEY, PAUL		4.2 NAME Cochrane, Alan	
STREET ADDRESS 7043 SPENCER DRIVE		4.3 STREET ADDRESS 7015 Spencer Dr.	
CITY-ST-ZIP TALLAHASSEE FL		4.4 CITY-ST-ZIP Tallahassee, FL	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWARTZ, PATRICIA		5.2 NAME	
STREET ADDRESS 2009 SARA LEE LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATSON, KAREN		6.2 NAME	
STREET ADDRESS 2012 SARA LEE LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		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.

SIGNATURE: _____ **REQUIRED** **1-12-98** **850-893-5699**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006500

CR2E037 (10/97)