

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90140 030 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N34912**

1. Corporation Name

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

Principal Place of Business

2020 SARA LEE LANE  
 TALLAHASSEE FL 32312

Mailing Address

2020 SARA LEE LANE  
 TALLAHASSEE FL 32312



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

10/26/1989

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

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | P                  | <input type="checkbox"/> DELETE            |
| NAME           | DEHAN, KATHY       |  |
| STREET ADDRESS | 2015 SARA LEE LANE |  |
| CITY-ST-ZIP    | TALLAHASSEE FL     |  |
| TITLE          | VP                 | <input type="checkbox"/> DELETE            |
| NAME           | DEHAN, KATHY       |  |
| STREET ADDRESS | 2015 SARA LEE LANE |  |
| CITY-ST-ZIP    | TALLAHASSEE FL     |  |
| TITLE          | T                  | <input type="checkbox"/> DELETE            |
| NAME           | MARYANSKI, LIZ     |  |
| STREET ADDRESS | 7040 SPENCER DRIVE |  |
| CITY-ST-ZIP    | TALLAHASSEE FL     |  |
| TITLE          | D                  | <input type="checkbox"/> DELETE            |
| NAME           | COCHRAN, ALAN      |  |
| STREET ADDRESS | 7015 SPENCER DR    |  |
| CITY-ST-ZIP    | TALLAHASSEE FL     |  |
| TITLE          | P                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | STRICKLAND, GENE   |  |
| STREET ADDRESS | 7030 SPENCER DR    |  |
| CITY-ST-ZIP    | TALLAHASSEE FL     |  |
| TITLE          | D                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | MILLAR, NICK       |  |
| STREET ADDRESS | 2016 SARA LEE LANE |  |
| CITY-ST-ZIP    | TALLAHASSEE FL     |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |  |
|--------------------|-----------------------|--|
| 1.1 TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Schwartz, Pat         |  |
| 1.3 STREET ADDRESS | 2009 Sara Lee Lane    |  |
| 1.4 CITY-ST-ZIP    | Tallahassee, FL 32312 |  |
| 2.1 TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Watson, Jack D.       |  |
| 2.3 STREET ADDRESS | 2012 Sara Lee Lane    |  |
| 2.4 CITY-ST-ZIP    | Tallahassee, FL 32312 |  |
| 3.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                       |  |
| 3.3 STREET ADDRESS |                       |  |
| 3.4 CITY-ST-ZIP    |                       |  |
| 4.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                       |  |
| 4.3 STREET ADDRESS |                       |  |
| 4.4 CITY-ST-ZIP    |                       |  |
| 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

3-1-99

850-393-5699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (11/98)