


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State


DOCUMENT # N34912
 1. Entity 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

DO NOT WRITE IN THIS SPACE



03012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3059789

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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

U00000075687
 03/03/04-80069-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEHAN, KATHY 2015 SARA LEE LANE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOSTER, STEPHEN 2020 SARA LEE LN. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARYANSKI, LIZ 7040 SPENCER DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, PATRICIA 2009 SARA LEE LN TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASON, JOHN 7037 SPENCER DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD, MORGAN 7030 SPENCER SR TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Stephen Foster **3-2-04 850-893-5699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____