2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 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

01212005 No Chg-NP CR2E037 (10/03)

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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

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

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01/27/05-80017-014 61.25

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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: [signature] - Secretary — 1/21/05 — 850-893-5699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #