

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N34912

Entity Name: SPENCER DRIVE-SARA LEE LANE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2020 SARA LEE LANE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

2020 SARA LEE LANE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3059789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEHAN, KATHY
Address: 2015 SARA LEE LANE
City-St-Zip: TALLAHASSEE, FL

Title: T () Delete
Name: FOSTER, STEPHEN
Address: 2020 SARA LEE LN.
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Delete
Name: HOLLER, CLIFF
Address: 7024 SPENCER
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: SCHWARTZ, PATRICIA
Address: 2009 SARA LEE LN
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: CHASON, JOHN
Address: 7037 SPENCER DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: P () Delete
Name: RICHARD, MORGAN
Address: 7030 SPENCER SR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CANOVA, CHRIS
Address: 7046 SPENCER RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN FOSTER

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date