

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34912

FILED  
Feb 19, 2010  
Secretary of State

**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: P  
Name: CANOVA, CHRIS  
Address: 7046 SPENCER RD  
City-St-Zip: TALLAHASSEE, FL 32312

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

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

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

Title: D  
Name: CHASON, JOHN  
Address: 7037 SPENCER RD.  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN FOSTER

T

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date