FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 719282

(6)

SPRING LAKE TOWERS MANAGEMENT, INC.

Principal Place	of Business	Mailing Address				
700 MIRROR TERR NW						
WINTER HAVEN FL 33881 WINTER HAVEN			81			
US		U\$	U\$		3. Date Incorporated or Qualified	3a. Date of Lest Report
					09/10/1970	05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		59-1346829	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State	├ ──		6. Election Campaign Financing	S5.00 May Be Added to Fees
23	0	28 7in	Coun	tn:	Trust Fund Contribution 8. This corporation has liability for in	
Zip	Country	Zip 29	30	uy	Florida Statutes	Yes P No
24	25 9. Name and Address of Curr		130		10. Name and Address of New Re	
81						
BERRIDGE, RICHARD				BERRIDGE RICHARD 82 Street Address (P.O. Box Number is Not Acceptable)		
700 MIRROR TERR NW UNIT 308				700 MIRROR TERR NW UNIT 308		
STE 201				B3		
	HAVEN FL 33881		ļ.	84 City		85 Zip Code
			i i	1 WINS	TER HAVEN	FL 33881
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. Subperlange 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.						
or registere familiar wit	ed agent, or both, in the State of Fi h, and accept the obligations of, Se	orida. Suorizerange was authoriz ection 617.0503, Florida Statutes	rea by the ct 3.	orboration s t	poard of directors. Thereby accept the appe	P-19 1001
SIGNATURE	John Ben	rille	()	MOO	<u> </u>	20 / 1/ / 10
SIGNATURE _		· · · · · · · · · · · · · · · · · · ·		Agent signature rec	pulred when reinstating: ADDITIONS/CHANGES TO OFFI	DATE /
12.	OFFICERS /	AND DIFFECTORS DELETE	13.		TD	Change Addition
TITLE	JESSEE, JOHN	Doctor	1.2 NA)	1	RATH, JEANNE	
NAME	700 MIRROR TER NW 407		1	REET ADDRESS	700 MIRROR TER NW	204
STREET ADDRESS	WINTER HAVEN FL			Y-ST-ZIP		3388 1
CITY-ST-ZIP TITLE	SD	TDELETE	2.1 7171		WINIDA MAYEN IE	☐ Change ☐ Addition
NAME	BLAKE, FAYE		2.2 NA			
STREET ADDRESS	700 MIRROR TERR NW 503	}	2.3 STF	REET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		1	TY-ST-ZIP		
TITLE	VPO	™ DELETE	3.1 TIT		VPD	Change 🙀 Addition
NAME	BELL, ELIZABETH	- -	32 NA	ME .	CORBETT, LUZIA	
STREET ADDRESS	700 MIRROR TERR NW 111	1	3 3 ST	REET ADDRESS	700 MIRROR TERR N	N 112
CITY-ST-ZIP	WINTER HAVEN FL		3.4. Ci	TY-ST-ZIP	WINTER HAVEN FL	338 81
TITLE	D	DELETE	4.1 717	LE	D. TAHOUTTN DAVID	Change Addition
NAME	LAUGHLIN, DAVID		4. 2 NA	1	LAUGHLIN, DAVID	n 409
STREET ADDRESS	700 MIRROR TERR NW 410)-	1	reet address	700 MIRROR TERR NO WINTER HAVEN FL	33881
CITY-ST-ZIP	WINTER HAVEN FL	MP OF FT		Y-ST-ZIP	D THE MAYEN FL.	Change X Addition
TITLE	D ANALYSIS ABBUILD	X IDELETE	5.1 TIT		BELL, ELIZABETH	🗀 enande 🏧 vereisen
NAME	WALKER, ARTHUR	T 440	5.2 NA	l l	700 MIRROR TERR N	w 110
STREET ADDRESS	700 MIRROR TER NW UNIT	טוו ו		REET ADDRESS		33881
CITY-ST-ZIP	WINTER HAVEN FL	X DELETE	5.4 CIT 6.1 TIT	TY-ST-ZIP	D D	Change X Addition
TIFLE	SD THOMPSON ALICE	Mocrete	6.2 NA		CLAUSON, BOYER	<u> </u>
NAME	THOMPSON, ALICE 700 MIRROR TER NW #UN	JIT 701		REET ADDRESS	700 MIRROR TERR N	w 504
STREET ADDRESS	WINTER HAVEN FL	III 7V)		TY-ST-ZIP	WINTER HAVEN FL	33881
CITY-ST-ZIP	THINIEN HAVEN FL		6.4 UI	11-31-21		02/3Vb) Florida Statutes I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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 13 in Chapter 617 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 in Chapter 617 in the corporation of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

WAND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Feb 19, 1996 941-293-1962

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CR2E037 (12/95)