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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 719282 (6)

1. Corporation Name
SPRING LAKE TOWERS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
700 MIRROR TERR WINTER HAVEN FL 33881 US	700 MIRROR TERR NW WINTER HAVEN FL 33881-2393 US

3. Date Incorporated or Qualified: 09/10/1970
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-1346829 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BERRIDGE, RICHARD
700 MIRROR TERR NW UNIT 308
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name: CLAUSON, BOYER PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable): 700 MIRROR TERR NW UNIT 504
83:
84 City: WINTER HAVEN FL 85 Zip Code: 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. Such change 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.

SIGNATURE: Boyer O. Clauson — BOYER O. CLAUSON — Jan. 18, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RATH, JEANNE		1.2 NAME	
STREET ADDRESS	700 MIRROR TERRACE NW 704		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLAKE, FAYE		2.2 NAME	
STREET ADDRESS	700 MIRROR TERR NW 503		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CORBETT, LUZIA		3.2 NAME	
STREET ADDRESS	700 MIRROR TERR NW 112		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	LAUGHLIN, DAVID		4.2 NAME	D SHAW, VIRGINIA
STREET ADDRESS	700 MIRROR TERRACE NW 409		4.3 STREET ADDRESS	700 MIRROR TERR NW 406
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	BELL, ELIZABETH		5.2 NAME	D BERRIDGE, RICHARD
STREET ADDRESS	700 MIRROR TER NW UNIT 110		5.3 STREET ADDRESS	700 MIRROR TERR NW 308
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D	☒ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	CLAUSON, BOYER		6.2 NAME	D JESSEE, JOHN
STREET ADDRESS	700 MIRROR TERRACE NW 504		6.3 STREET ADDRESS	700 MIRROR TERR NW 407
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	WINTER HAVEN FL

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

941-293-2922

SIGNATURE: Boyer O. Clauson — Boyer Clauson, — Jan. 18, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0054629