


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N40253 (9)</b> 1. Corporation Name <b>SPENGER SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.</b>			



Principal Place of Business	Mailing Address
C/O DAVID PUPOLO 27657 OLD 41 ROAD BONITA SPRINGS FL 33923	C/O DAVID PUPOLO 27657 OLD 41 ROAD BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified	<b>09/24/1990</b>
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4. FEI Number	<b>65-0311053</b>	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 <b>3591 MC COMB LN.</b>	26 <b>3591 MC COMB LN.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>BONITA SPRINGS, FL</b>	27 <b>BONITA SPRINGS, FL</b>
City & State	City & State
23 <b>34 134</b>	28 <b>34 134</b>
Zip	Zip
25 <b>FLA</b>	29 <b>USA</b>
Country	Country

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
PUPOLO, DAVID 27657 OLD 41 RD BONITA SPRINGS FL <del>33923</del> <b>34135</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	<b>34135</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	SPENGER, JOSEPH
STREET ADDRESS	3591 MCCOMB LANE
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	VSD <input type="checkbox"/> DELETE
NAME	SPENGER, HANNELORE
STREET ADDRESS	3591 MCCOMB LANE
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MEHRBRODT, WERNER
STREET ADDRESS	3561 MCCOMB LANE
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: Jo. Spenger HANNELORE SPENGER 01/23/98 941/992 9172

CR2E037 (10/97)