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Feb 06, 1999 8:00am
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02-06-1999 90007 029 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719282

1. Corporation Name

SPRING LAKE TOWERS MANAGEMENT, INC.

Principal Place of Business

700 MIRROR TERR
WINTER HAVEN FL 33881
US

Mailing Address

700 MIRROR TERR NW
WINTER HAVEN FL 33881
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/10/1970

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

9. Name and Address of Current Registered Agent

CLAUSON, BOYER
700 MIRROR TERRACE NW UNIT 504
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME RATH, JEANNE
STREET ADDRESS 700 MIRROR TERRACE NW 704
CITY-ST-ZIP WINTER HAVEN FL

TITLE SD ☐ DELETE

NAME BLAKE, FAYE
STREET ADDRESS 700 MIRROR TERR NW 503
CITY-ST-ZIP WINTER HAVEN FL

TITLE VPD ☐ DELETE

NAME MURCHISON, JOYE
STREET ADDRESS 700 MIRROR TERR NW 507
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ DELETE

NAME SHAW, VIRGINIA
STREET ADDRESS 700 MIRROR TERRACE NW #406
CITY-ST-ZIP WINTER HAVEN FL

TITLE TD ☐ DELETE

NAME WARWICK, LAURENCE
STREET ADDRESS 700 MIRROR TERR NW 110
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ DELETE

NAME TREMBLAY, BOB
STREET ADDRESS 700 MIRROR TERR NW 410
CITY-ST-ZIP WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

BOYER O. CLAUSON 1-13-99 941 294 4378
Date Daytime Phone #

CR2E037 (11/98)