

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90056 008 \*\*\*\*61.25

**DOCUMENT # N13621**

1. Corporation Name

**SPRING LAKE PROPERTY ASSOCIATION, INC.**

Principal Place of Business

6110 US HWY 98  
SEBRING FL 33870

Mailing Address

6110 US HWY 98  
SEBRING FL 33870



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

**02/28/1986**

4. FEI Number

**59-2666676**

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

CASHON, JOHN R  
5816 EDGEWATER TERRACE  
SEBRING FL 33870

10. Name and Address of New Registered Agent

81

Name

**Carl S. Hancock**

82

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

**6233 Thomas Terrace**

83

84

City

**Sebring**

**FL**

85 Zip Code

**33870**

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 **Carl S. Hancock, President**

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

(NOTE: Registered Agent signature required when reinstating)

**4/5/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **CASHON, JOHN R**  
STREET ADDRESS **5816 EDGEWATER TERRACE**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **FVPD** ☒ DELETE  
NAME **HANCOCK, CARL S**  
STREET ADDRESS **6233 THOMAS TERRACE**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **SD** ☒ DELETE  
NAME **SUNMAN JANET**  
STREET ADDRESS **6217 CYPRESS LANE**  
CITY-ST-ZIP **SEBRING FL**

TITLE **TD** ☐ DELETE  
NAME **WOLFE, KAREN**  
STREET ADDRESS **8124 HAMPSHIRE DRIVE**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **SVPD** ☒ DELETE  
NAME **FOREMAN, JOHN F JR**  
STREET ADDRESS **532 LIN ROAD**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**PD**  
**Hancock, Carl S.**  
**6233 Thomas Terrace**  
**Sebring FL 33870**

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**FVPD**  
**Foreman, John F., Jr.**  
**532 Lin Road**  
**Sebring FL 33870**

☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**SD**  
**Danforth, Richard H.**  
**417 Orange Court**  
**Sebring FL 33870**

☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**SVPD**  
**Kelly, J. Roland**  
**324 Arrowhead Drive**  
**Sebring FL 33870**

☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: **Carl S. Hancock** **4/5/99** **(941)655-2230**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0058392

CR2E037-(4/1/98)