

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90351 015 ****61.25

DOCUMENT # 719282

1. Entity Name

SPRING LAKE TOWERS MANAGEMENT, INC.



Principal Place of Business

**700 MIRROR TERRACE, N.W.
WINTER HAVEN FL 33881
US**

Mailing Address

**700 MIRROR TERRACE, N.W.
WINTER HAVEN FL 33881
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1346829**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLAUSON, BOYER Hugo Sims
700 MIRROR TERRACE NW UNIT 504 711
WINTER HAVEN FL 33881**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Hugo C Sims*
Signature, typed or printed name of registered agent and title if applicable.

HUGO C SIMS President 1-20-03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMS, HUGO	
STREET ADDRESS	700 MIRROR TERRACE NW 711	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLAKE, FAYE	
STREET ADDRESS	700 MIRROR TERR NW 503	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TREMBLAY, BOB	
STREET ADDRESS	700 MIRROR TERR. NW.. #410	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, VIRGINIA	
STREET ADDRESS	700 MIRROR TERRACE NW #406	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VEIT, HENRY DR	
STREET ADDRESS	700 MIRROR TERR 106	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEEDHAM, GENEVIEVE	
STREET ADDRESS	700 MIRROR TERRACE NW 206	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dodge Ellen	
STREET ADDRESS	700 Mirror Terr NW #607	
CITY-ST-ZIP	Winter Haven FL	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sims, Hugo	
STREET ADDRESS	700 Mirror Terr. NW #711	
CITY-ST-ZIP	Winter Haven, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shaw, Virginia	
STREET ADDRESS	700 Mirror Terr. NW #406	
CITY-ST-ZIP	Winter Haven FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bull, Eric	
STREET ADDRESS	700 Mirror Terr NW #407	
CITY-ST-ZIP	Winter Haven FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *HUGO C SIMS* 1-20-03 863.2932101

CR2E037 (10/02)