

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34912

**Entity Name:** SPENCER DRIVE-SARA LEE LANE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 11, 2015**  
**Secretary of State**  
**CC2821666120**

**Current Principal Place of Business:**

2020 SARA LEE LANE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

2020 SARA LEE LANE  
TALLAHASSEE, FL 32312

**FEI Number: 59-3059789**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FOSTER, STEPHEN K  
2020 SARA LEE LANE  
TALLAHASSEE, FL 32312 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CANOVA, CHRIS  
Address 7046 SPENCER RD  
City-State-Zip: TALLAHASSEE FL 32312

Title T  
Name FOSTER, STEPHEN  
Address 2020 SARA LEE LN.  
City-State-Zip: TALLAHASSEE FL 32312

Title VP  
Name HOLLER, CLIFF  
Address 7024 SPENCER RD  
City-State-Zip: TALLAHASSEE FL 32312

Title D  
Name SCHWARTZ, PATRICIA  
Address 2009 SARA LEE LN  
City-State-Zip: TALLAHASSEE FL 32312

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHEN K. FOSTER**

**TREASURER**

**01/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date