

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 05, 2009  
Secretary of State**

DOCUMENT# 717479

Entity Name: SPRING LAKE ASSOCIATION, INC.

**Current Principal Place of Business:**

90 SPRING LAKE HILLS DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

90 SPRING LAKE HILLS DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 59-1464618      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KEENEY, JOHN T  
175 N. SPRING TRAIL  
ALTAMONTE SPRINGS, FL 32714      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MCDONALD, HOWARD  
Address: 230 ROLLINGWOOD TRAIL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD      ( ) Delete  
Name: MILLER, KELLY  
Address: 330 SPRING LAKE HILLS DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD      ( ) Delete  
Name: SHUJMAN, JUDY  
Address: 220 LAKE DESTINY TRAIL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T      ( ) Delete  
Name: KEENEY, JOHN T  
Address: 175 N. SPRING TRAIL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D      ( ) Delete  
Name: WHITTINGTON, CHARLES  
Address: 125 LAKE DESTINY TRAIL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D      ( ) Delete  
Name: PAQUETTE, PAUL  
Address: 135 LAKE DESTINY TRAIL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: SALUS, JAMES  
Address: 160 LAKE DESTINY TRAIL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN T. KEENEY

TR

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date