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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719282** (6)

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 33881-2393 US
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3. Date Incorporated or Qualified 09/10/1970	3a. Date of Last Report 02/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-1346829	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERRIDGE, RICHARD
700 MIRROR TERR NW UNIT 308
WINTER HAVEN FL 33881**

81 Name CLAUSON, BOYER PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable) 700 MIRROR TERR NW UNIT 504
83
84 City WINTER HAVEN
85 Zip Code FL 33881

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 *Boyer O. Clauson* **BOYER O. CLAUSON** *Jan. 18, 1997*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RATH, JEANNE 700 MIRROR TERRACE NW 704 WINTER HAVEN FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAKE, FAYE 700 MIRROR TERR NW 503 WINTER HAVEN FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CORBETT, LUZIA 700 MIRROR TERR NW 112 WINTER HAVEN FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUGHLIN, DAVID 700 MIRROR TERRACE NW 409 WINTER HAVEN FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, ELIZABETH 700 MIRROR TER NW UNIT 110 WINTER HAVEN FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUSON, BOYER 700 MIRROR TERRACE NW 504 WINTER HAVEN FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D SHAW, VIRGINIA 700 MIRROR TERR NW 406 WINTER HAVEN FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D BERRIDGE, RICHARD 700 MIRROR TERR NW 308 WINTER HAVEN FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D JESSEE, JOHN 700 MIRROR TERR NW 407 WINTER HAVEN FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *Boyer O. Clauson* **BOYER CLAUSON** *Jan. 18, 1997*
Signature typed or printed name of signing officer or director Date Daytime Phone # **941-293-2922** 0054629

CP2E037 (9/96)