


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 719282 1. Entity Name SPRING LAKE TOWERS MANAGEMENT, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1346829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, VIRGINIA  
700 MIRROR TERRACE NW UNIT 406  
WINTER HAVEN, FL 33881

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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 Virginia Shaw Virginia Shaw - President 1/13/05  
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BULL, ERIC 700 MIRROR TERRACE NW UNIT 407 WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLAKE, FAYE 700 MIRROR TERR NW 503 WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLIESCHMAN, TERRY 700 MIRROR TERRACE NW UNIT 706 WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHAW, VIRGINIA 700 MIRROR TERRACE NW #406 WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLETCHER, DONALD 700 MIRROR TERRACE NW UNIT 401 WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NEEDHAM, GENEVIEVE 700 MIRROR TERRACE NW 206 WINTER HAVEN, FL 33880

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UN0000181969  
01/19/05-80009-008 61.25

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: Virginia Shaw Virginia Shaw 1/13/05 (863) 295-9492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #