

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 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 # 729180 (0)
1. Corporation Name
SPRING LAKE VILLAGE CIVIC ASSOCIATION, INC.



Principal Place of Business C/O JOANN R. HARPER P.O. BOX 1963 KEYSTONE HEIGHTS FL 32656-9801	Mailing Address C/O JOANN R. HARPER P.O. BOX 1963 KEYSTONE HEIGHTS FL 32656-1963
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21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 03/26/1974	3a. Date of Last Report 04/17/1996
4. FEI Number 59-3132371	Applied For 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
**HARPER, JOANN R.
6780 SPRING LAKE VILLAGE ROAD
KEYSTONE HTS. FL 32656**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUSTON, SCOTT T	
STREET ADDRESS	6733 SPRING LAKE VILLAGE ROAD	
CITY - ST - ZIP	KEYSTONE HEIGHTS FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	HARPER, JOANN R.	
STREET ADDRESS	6780 SPRING LAKE VILLAGE	
CITY - ST - ZIP	KEYSTONE HEIGHTS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARPER, JAMES A.	
STREET ADDRESS	6780 SPRING LAKE VILLAGE	
CITY - ST - ZIP	KEYSTONE HEIGHTS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUSTON, LORA T.	
STREET ADDRESS	8041 STATE ROAD 100	
CITY - ST - ZIP	LAKE GENEVA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Joann R. Harper* **Joann R. Harper** Sec/Tras **3/5/97** **352-413-9005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011750

CR2E037 (9/96)