

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 32656-9801
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3. Date Incorporated or Qualified
03/26/1974

4. FEI Number
59-3132371

Applied For
 Not Applicable

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Country
25. Country	30. Zip

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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

FL

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 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* **REQUIRED** 1/29/98 Date 352-413-9005 Daytime Phone # 0011861

CR2E037 (10/97)