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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

Mailing Address

C/O JOANN R. HARPER
P.O. BOX 1963
KEYSTONE HEIGHTS FL 32656-9801

C/O JOANN R. HARPER
P.O. BOX 1963
KEYSTONE HEIGHTS FL 32656-9801

3. Date Incorporated or Qualified

03/26/1974

4. FEI Number

59-3132371

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARPER, JOANN R.
6780 SPRING LAKE VILLAGE ROAD
KEYSTONE HTS. FL 32656

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HUSTON, SCOTT T
STREET ADDRESS 6733 SPRING LAKE VILLAGE ROAD
CITY-ST-ZIP KEYSTONE HEIGHTS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TSD
NAME HARPER, JOANN R.
STREET ADDRESS 6780 SPRING LAKE VILLAGE
CITY-ST-ZIP KEYSTONE HEIGHTS FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME HARPER, JAMES A.
STREET ADDRESS 6780 SPRING LAKE VILLAGE
CITY-ST-ZIP KEYSTONE HEIGHTS FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME HUSTON, LORA T.
STREET ADDRESS 8041 STATE ROAD 100
CITY-ST-ZIP LAKE GENEVA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/98

Date

352-413-9005

Daytime Phone # 0011861

CR2E037 (10/97)