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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729180

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

03/26/1974

4. FEI Number

59-3132371

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ronald J. Isbell
3.3 STREET ADDRESS	6765 Spring Lake Village Road
3.4 CITY-ST-ZIP	Keystone Heights, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robney C. Harrelson
4.3 STREET ADDRESS	6700 Spring Lake Village Road
4.4 CITY-ST-ZIP	Keystone Heights, FL
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, with all other like empowered.

SIGNATURE:

Joann R. Harper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Secretary/Treasurer 4/19/99 94-368-1144
 Daytime Phone #

CR2E037 (1/1/98)