


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # 729180

1. Entity 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

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3132371

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2004

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

1100000099946
 03/31/04-80026-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARPER, JAMES A 6780 SPRING LAKE VILLAGE RD. KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HARPER, JOANN R. 6780 SPRING LAKE VILLAGE KEYSTONE HEIGHTS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ISELL, RONALD J 6765 SPRING LAKE VILLAGE ROAD KEYSTONE HEIGHTS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, PAUL H SR. 6764 SPRING LAKE VILLAGE RD. KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELSON, RODNEY C 6700 SPRING LAKE VILLAGE ROAD KEYSTONE HEIGHTS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joann R. Harper Joann R. Harper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sec. / Treas.
 Date 3-30-04 (352) 473-1225
Date Daytime Phone #