


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

|  |   |
|--|---|
| <b>DOCUMENT # 729180</b><br>1. Entity Name<br><b>SPRING LAKE VILLAGE CIVIC ASSOCIATION, INC.</b> |  |
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| Principal Place of Business<br>C/O JOANN R. HARPER<br>P.O. BOX 1963<br>KEYSTONE HEIGHTS, FL 32656-9801 | Mailing Address<br>C/O JOANN R. HARPER<br>P.O. BOX 1963<br>KEYSTONE HEIGHTS, FL 32656-9801 |
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01052004 No Chg-NP CR2E037 (10/03)

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|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-3132371</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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|---|
| 6. Name and Address of Current Registered Agent<br><br>HARPER, JOANN R.<br>6780 SPRING LAKE VILLAGE ROAD<br>KEYSTONE HTS., FL 32656 |
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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HARPER, JAMES A<br>6780 SPRING LAKE VILLAGE RD.<br>KEYSTONE HEIGHTS, FL 32656   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TSD<br>HARPER, JOANN R.<br>6780 SPRING LAKE VILLAGE<br>KEYSTONE HEIGHTS, FL           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>ISELL, RONALD J<br>6765 SPRING LAKE VILLAGE ROAD<br>KEYSTONE HEIGHTS, FL         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>AUSTIN, PAUL H SR.<br>6764 SPRING LAKE VILLAGE RD.<br>KEYSTONE HEIGHTS, FL 32656 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HARRELSON, RODNEY C<br>6700 SPRING LAKE VILLAGE ROAD<br>KEYSTONE HEIGHTS, FL     |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 Sec. / Treas. 3-30-04 (352) 473-1225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #