

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90343 013 ****61.25



DOCUMENT # 729180
1. Entity Name
SPRING LAKE VILLAGE CIVIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O JOANN R. HARPER C/O JOANN R. HARPER
P.O. BOX 1963 P.O. BOX 1963
KEYSTONE HEIGHTS FL 32656-9801 KEYSTONE HEIGHTS FL 32656-9801

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-3132371 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARPER, JAMES A 6780 SPRING LAKE VILLAGE RD. KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARRIE DWYER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6747 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ISBELL, RONALD J 6765 SPRING LAKE VILLAGE ROAD KEYSTONE HEIGHTS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, PAUL H SR. 6764 SPRING LAKE VILLAGE RD. KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEPHANIE ISBELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6775 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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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* 4-1-05 (352) 473-9005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #