

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90124 041 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3132371**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	HARPER, JAMES A	
STREET ADDRESS	6780 SPRING LAKE VILLAGE RD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	HARPER, JOANN R.	
STREET ADDRESS	6780 SPRING LAKE VILLAGE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ISBELL, RONALD J	
STREET ADDRESS	6765 SPRING LAKE VILLAGE ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUSTIN, PAUL H SR.	
STREET ADDRESS	6764 SPRING LAKE VILLAGE RD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELSON, RODNEY C	
STREET ADDRESS	6700 SPRING LAKE VILLAGE ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **JOANN R. HARPER** 4-30-03 352473-9005

CR2E037 (10/02)