FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:00

DOCUMENT # 739161 (8)

1. Corporation Name

SPANISH LAKES PARK ASSOCIATION OF NOKOMIS, INC.

Principal Place of Business	Mailing Address
1340 TAMIAMI TRAIL NOKOMIS FL 34275	1340 TAMIAMI TRAIL NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1977
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1965204 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ ***$68.75*** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~SOUTHWORTH MYRON~~
194 SPANISH LAKES DR
NOKOMIS FL 34275

Harold Fosnot
250 San Carlos
Nokomis, Fla. 34275

10. Name and Address of New Registered Agent

81 Name: Harold Fosnot
82 Street Address (P.O. Box Number is Not Acceptable): 250 San Carlos
83: Nokomis, Fla. 34275
84 City: Nokomis FL 85 Zip Code: 34275

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Harold Fosnot 3-6-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	JARVIS, MARY JO	1.2 NAME	
STREET ADDRESS	224 SPANISH LAKES DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	STAFFELDT, THERESA	2.2 NAME	VP
STREET ADDRESS	395 CAPTIVA	2.3 STREET ADDRESS	Eugene Barrows
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	84 Captiva Nokomis Fla. 34275
TITLE	P	3.1 TITLE	P ☒ Change ☐ Addition
NAME	SOUTHWORTH, MYRON	3.2 NAME	Harold Fosnot
STREET ADDRESS	194 SPANISH LAKES DRIVE	3.3 STREET ADDRESS	250 San Carlos
CITY-ST-ZIP	NOKOMIS FL	3.4 CITY-ST-ZIP	Nokomis, Fla. 34275
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	GEISLER, GERTRUDE	4.2 NAME	Rachel Markland
STREET ADDRESS	319 DESOTO	4.3 STREET ADDRESS	246 San Carlos
CITY-ST-ZIP	NOKOMIS FL 34275	4.4 CITY-ST-ZIP	Nokomis, Fla. 34275
TITLE	T	5.1 TITLE	T ☒ Change ☐ Addition
NAME	ALTLAND, STUART	5.2 NAME	Jack Schmitt
STREET ADDRESS	103 CAPTIVA	5.3 STREET ADDRESS	269 Pinta
CITY-ST-ZIP	NOKOMIS FL	5.4 CITY-ST-ZIP	Nokomis, Fla. 34275
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	HAMLIN, VIRGINIA	6.2 NAME	Don Foster
STREET ADDRESS	14 BOCA CIEGA	6.3 STREET ADDRESS	198 Spanish Lakes Dr.
CITY-ST-ZIP	NOKOMIS FL	6.4 CITY-ST-ZIP	Nokomis, Fla. 34275

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jack Schmitt 3-4-95 813-484-7336
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number
Jack Schmitt, Treasurer

0004040