

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739161 (8)
1. Corporation Name

SPANISH LAKES PARK ASSOCIATION OF NOKOMIS, INC.



Principal Place of Business
1340 TAMiami TRAIL
NOKOMIS FL 34275

Mailing Address
1340 TAMiami TRAIL
NOKOMIS FL 34275

3. Date Incorporated or Qualified
05/25/1977

3a. Date of Last Report
03/09/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1965204		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOSNOT, HAROLD 250 SAN CARLOS NOKOMIS FL 34275				81 Name RITA A COOPER			
				82 Street Address (P.O. Box Number is Not Acceptable) 31 SIERRA VISTA			
				83			
				84 City NOKOMIS			
				85 Zip Code FL 34275			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Rita A. Cooper* 3/12/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JARVIS, MARY JO		1.2 NAME	JOAN JARRETT			
STREET ADDRESS	224 SPANISH LAKES DRIVE		1.3 STREET ADDRESS	337 DESOTO ST			
CITY - ST - ZIP	NOKOMIS FL 34275		1.4 CITY - ST - ZIP	NOKOMIS FL 34275			
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BARROWS, EUGENE		2.2 NAME	BARROWS, EUGENE			
STREET ADDRESS	84 CAPTIVA		2.3 STREET ADDRESS	84 CAPTIVA			
CITY - ST - ZIP	NOKOMIS FL		2.4 CITY - ST - ZIP	NOKOMIS FL 34275			
TITLE	P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FOSNOT, HAROLD		3.2 NAME	ZANE COOPER			
STREET ADDRESS	250 SAN CARLOS		3.3 STREET ADDRESS	31 SIERRA VISTA			
CITY - ST - ZIP	NOKOMIS FL		3.4 CITY - ST - ZIP	NOKOMIS FL 34275	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MARKLAND, RACHEL		4.2 NAME	FLORENCE LADRE			
STREET ADDRESS	246 SAN CARLOS		4.3 STREET ADDRESS	338 DESOTO ST			
CITY - ST - ZIP	NOKOMIS FL		4.4 CITY - ST - ZIP	NOKOMIS FL 34275	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	TREAS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SCHMITT, JACK		5.2 NAME	JO ANN HARRIS			
STREET ADDRESS	269 PINTA		5.3 STREET ADDRESS	306 DESOTO ST			
CITY - ST - ZIP	NOKOMIS FL		5.4 CITY - ST - ZIP	NOKOMIS FL 34275	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FOSTER, DON		6.2 NAME	CLAYTON WRIGHT			
STREET ADDRESS	198 SPANISH LAKES DRIVE		6.3 STREET ADDRESS	237 SAN CARLOS ST			
CITY - ST - ZIP	NOKOMIS FL		6.4 CITY - ST - ZIP	NOKOMIS FL 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)(k), 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: *Jo Ann Harris* 941-488-2258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)