03041999-90059-015-$61.25-$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90059 015 ****61.25

274507 - 90078 - 30

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739161**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/25/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1965204 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

COOPER, ZANE
31 SIERRA VISTA
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name: HARRIS, JO ANN
82 Street Address (P.O. Box Number is Not Acceptable): 306 DESOTO ST
83:
84 City: NOKOMIS FL 85 Zip Code: 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: Jo Ann Harris — 2-3-99
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JARRETT, JOAN		1.2 NAME		
STREET ADDRESS	337 DESOTO STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	PRES	☒ Change ☐ Addition
NAME	HAMLIN, THOMAS		2.2 NAME	Hamlin, Thomas	
STREET ADDRESS	14 BOCA CIEGA ST		2.3 STREET ADDRESS	Same	
CITY-ST-ZIP	NOKOMIS FL 34275		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	COOPER, ZANE		3.2 NAME	Molly Malone	
STREET ADDRESS	31 SIERRA VISTA		3.3 STREET ADDRESS	44 Sierra Vista St	
CITY-ST-ZIP	NOKOMIS FL		3.4 CITY-ST-ZIP	Nokomis FL 34275	
TITLE	D	☒ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME	LADRE, FLORENCE		4.2 NAME	Scott, Norma	
STREET ADDRESS	338 DESOTO STREET NOKOMIS, FL		4.3 STREET ADDRESS	175 Sanibel St	
CITY-ST-ZIP	NOKOMIS FL		4.4 CITY-ST-ZIP	Nokomis FL 34275	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, JO ANN		5.2 NAME		
STREET ADDRESS	306 DESOTO STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	[redacted] D	☒ Change ☐ Addition
NAME	SCOTT, DONALD		6.2 NAME	Scott, Donald	
STREET ADDRESS	175 SANIBEL ST		6.3 STREET ADDRESS	Same	
CITY-ST-ZIP	NOKOMIS FL 34275		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Thomas Hamlin PRES **REQUIRED** Donald H Hamlin 2-10-99 485-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

485-5601