

**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 # 743102 (6)

1. Corporation Name

THE SPRING LAKE FOREST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1999 W. COLONIAL DR.  
ORLANDO FL 32804

1999 W. COLONIAL DR.  
ORLANDO FL 32804

3. Date Incorporated or Qualified  
06/01/1978

3a. Date of Last Report  
10/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
59-2859318

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, JOHN B  
1999 W. COLONIAL DR.  
ORLANDO FL 32804

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*John B. Davis*

John B. Davis

1-29-96

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           | P                    | <input type="checkbox"/> DELETE |
| NAME            | HOUSTON, MIKE        |                                 |
| STREET ADDRESS  | 1412 CHARTA CT.      |                                 |
| CITY - ST - ZIP | ORLANDO FL 32804     |                                 |
| TITLE           | D                    | <input type="checkbox"/> DELETE |
| NAME            | MCGIRT, JAY          |                                 |
| STREET ADDRESS  | 1417 SYMPHONY COURT  |                                 |
| CITY - ST - ZIP | ORLANDO, FL 00000    |                                 |
| TITLE           | TS                   | <input type="checkbox"/> DELETE |
| NAME            | DAVIS, JOHN          |                                 |
| STREET ADDRESS  | 2420 FOREST CLUB DR. |                                 |
| CITY - ST - ZIP | ORLANDO FL 32804     |                                 |
| TITLE           | D                    | <input type="checkbox"/> DELETE |
| NAME            | CURTIS, PAUL         |                                 |
| STREET ADDRESS  | 2380 FOREST CLUB DR. |                                 |
| CITY - ST - ZIP | ORLANDO FL 32804     |                                 |
| TITLE           | D                    | <input type="checkbox"/> DELETE |
| NAME            | HUDSON, SCOTT        |                                 |
| STREET ADDRESS  | 1400 SYMPHONY CT     |                                 |
| CITY - ST - ZIP | ORLANDO FL           |                                 |
| TITLE           | VD                   | <input type="checkbox"/> DELETE |
| NAME            | LUFF, DAVID          |                                 |
| STREET ADDRESS  | 2510 FOREST CLUB DR. |                                 |
| CITY - ST - ZIP | ORLANDO FL 32804     |                                 |

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 CITY - ST - ZIP |   |

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:

*John B. Davis* John B. Davis

1-29-96 407-649-9917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)