


FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **743102** (6)

1. Corporation Name

**THE SPRING LAKE FOREST HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 540691  
ORLANDO FL 32854-0691

P.O. BOX 540691  
ORLANDO FL 32854-0691



3. Date Incorporated or Qualified

**06/01/1978**

4. FEI Number

**59-2859318**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOUSTON, MIKE  
1412 CHARTA CT  
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

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 ☐ DELETE

NAME **TS  
HOUSTON, MIKE**  
STREET ADDRESS **1412 CHARTA CT.**  
CITY-ST-ZIP **ORLANDO FL 32804**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
HATCHER, MIKE**  
STREET ADDRESS **1405 SYMPHONY CT**  
CITY-ST-ZIP **ORLANDO FL 32804**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD  
MRIBARNE, PETE**  
STREET ADDRESS **2320 FOREST CLUB DR.**  
CITY-ST-ZIP **ORLANDO FL 32804**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
HURST, BILL**  
STREET ADDRESS **1416 MAGNA CT**  
CITY-ST-ZIP **ORLANDO FL 32804**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
SANDS, FRANK**  
STREET ADDRESS **2305 FOREST CLUB DR**  
CITY-ST-ZIP **ORLANDO FL 32804**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **P  
WEAVER, DARRYL**  
STREET ADDRESS **1411 SYMPHONY CT**  
CITY-ST-ZIP **ORLANDO FL 32804**

6.1 TITLE ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE: Michael M. Houston MICHAEL M. HOUSTON 4/24/98 4012925560

CR2E037 (10/97)