2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State
02-20-2006 90028 046 ****61.25

DOCUMENT # 763121

1. Entity Name
SPRING LAKE RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JOSEPH A LEHANS 17 SPRING LAKE WAY OCALA, FL 34472 US	C/O JOSEPH A LEHANS 17 SPRING LAKE WAY OCALA, FL 34472 US

01182006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2189152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEHANS, JOSEPH A 17 SPRING LAKE WAY OCALA, FL 34472	Name: Carmen Robinson Street Address (P.O. Box Number is Not Acceptable): 9 Emerald Court City: Ocala FL Zip Code: 34472

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: x Carmen Robinson DATE: 2-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEHANS, JOSEPH A 17 SPRING LAKE WAY OCALA, FL 34472	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBINSON, CARMEN 9 EMERALD COURT OCALA, FL 34472	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OBERG, MERRILL 519 SPRING LAKE RD. OCALA, FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OBERG, MERRILL 519 SPRING LAKE ROAD OCALA, FL 34472	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BURRELL, TAMMY 12 EMERALD COURT OCALA, FL 34472	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OBERG, JOHN 519 SPRING LAKE RD OCALA, FL 34472	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, DONALD 10 EMERALD COURT OCALA, FL 34472	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DES ROCHES, ANDRE 13 EMERALD COURT OCALA, FL 34472	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RASULIS, MARY 8 EMERALD COURT OCALA, FL 34472	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRD TUCKER, HUGH 11 EMERALD COURSE OCALA, FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Carmen Robinson 2-14-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #