

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90055 044 \*\*\*\*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



2. Principal Place of Business - No P.O. Box #

C/O JOHN A. OBERG

3. Mailing Address

519 SPRING LAKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-2189152

Applied For

Not Applicable

Zip

34472

Country

US

Zip

34472

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, CARMEN  
9 EMERALD CT  
OCALA FL 34472

7. Name and Address of New Registered Agent

Name

OBERG, JOHN A.

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

519 SPRING LAKE ROAD

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

*John A. Oberg*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

2-6-2007

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, CARMEN	
STREET ADDRESS	9 EMERALD CT	
CITY ST ZIP	OCALA FL 34472	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OBERG, MERRILL	
STREET ADDRESS	519 SPRING LAKE RD.	
CITY ST ZIP	OCALA FL 34472	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURRELL, TAMMY	
STREET ADDRESS	12 EMERALD CT	
CITY ST ZIP	OCALA FL 34472	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, DONALD	
STREET ADDRESS	10 EMERALD CT	
CITY ST ZIP	OCALA FL 34472	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RASULIS, MARY	
STREET ADDRESS	8 EMERALD CT	
CITY ST ZIP	OCALA FL 34472	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	TUCKER, HUGH	
STREET ADDRESS	11 EMERALD COURSE	
CITY ST ZIP	OCALA FL 34472	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBERG, JOHN A.	
STREET ADDRESS	519 SPRING LAKE ROAD	
CITY ST ZIP	OCALA, FL 34472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*John A. Oberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-07 352  
680-1991

Date

Daytime Phone #