

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763121

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** SPRING LAKE RESIDENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JOHN A. OBERG  
17 SPRING LAKE WAY  
OCALA, FL 34472 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN A. OBERG  
17 SPRING LAKE WAY  
OCALA, FL 34472 US

**New Mailing Address:**

**FEI Number:** 59-2189152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OBERG, JOHN A  
519 SPRING LAKE RD  
OCALA, FL 34472 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OBERG, JOHN A  
Address: 519 SPRING LAKE RD  
City-St-Zip: Ocala, FL 34472

Title: TD  
Name: OBERG, MERRILL  
Address: 519 SPRING LAKE RD.  
City-St-Zip: Ocala, FL 34472

Title: SD  
Name: BURRELL, TAMMY  
Address: 12 EMERALD CT  
City-St-Zip: Ocala, FL 34472

Title: VD  
Name: SMITH, DONALD  
Address: 10 EMERALD CT  
City-St-Zip: Ocala, FL 34472

Title: TRD  
Name: SMITH, STANFORD  
Address: 517 SPRING LANE RD  
City-St-Zip: Ocala, FL 34472

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN A. OBERG

PD

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date