

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 770241 1. Entity Name SPRING LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3426 SPRING LAKES DRIVE P.O. BOX 115 VERNON FL 32462 US			Mailing Address 48 SPRING LAKES DR. P.O. BOX 115 VERNON FL 32462		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2871744	
5. Certificate of Status Desired ☐				Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRADY, MARGARET E. 48 SPRING LAKES DR. P.O. BOX 115 VERNON FL 32462				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature: typed or printed name of registered agent and title if applicable					
FILE NOW: 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	D GRADY, MARGARET E. 3426 SPRING LAKES DRIVE VERNON FL 32428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete U000000472544 03/29/06-80040-025 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FAGAN, JUSTINA E. 3386 SPRING LAKES DRIVE VERNON FL 32428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITTMAN, ELIZABETH 332 EAST ACRE DR PLANTATION FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUGGS, JAMES A 3360 SPRING LAKES DR CHIPLEY FL 32428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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.