

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

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90011 007 \*\*\*\*61.25

**DOCUMENT # 770241**

1. Entity Name

**SPRING LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

3426 SPRING LAKES DRIVE  
P.O. BOX 115  
VERNON FL 32462  
US

48 SPRING LAKES DR.  
P.O. BOX 115  
VERNON FL 32462



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

3367 Spring Lakes Drive  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 873  
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

Chipley FL

City & State

Vernon FL

4. FEI Number

59-2871744

Applied For

Not Applicable

Zip

32428

Country

U.S.A.

Zip

32462

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$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

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

(NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete  
NAME GRADY, MARGARET E.  
STREET ADDRESS 3426 SPRING LAKES DRIVE  
CITY-STATE-ZIP VERNON FL 32428

TITLE STD ☒ Delete  
NAME FAGAN, JUSTINA E  
STREET ADDRESS 3386 SPRING LAKES DRIVE  
CITY-STATE-ZIP VERNON FL 32428

TITLE PD ☒ Delete  
NAME PITTMAN, ELIZABETH  
STREET ADDRESS 332 EAST ACRE DR  
CITY-STATE-ZIP PLANTATION FL 33317

TITLE VPD ☒ Delete  
NAME SUGGS, JAMES A  
STREET ADDRESS 3360 SPRING LAKES DR  
CITY-STATE-ZIP CHIPLEY FL 32428

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☐ Change ☒ Addition  
NAME Angela J. Enzweiler  
STREET ADDRESS 3367 Spring Lakes Drive  
CITY-STATE-ZIP CHIPLEY, FL 32428

TITLE PD ☐ Change ☒ Addition  
NAME Clayton C. Grady  
STREET ADDRESS 3426 Spring Lakes Drive  
CITY-STATE-ZIP Chipley, FL 32428

TITLE VPD ☐ Change ☒ Addition  
NAME Edna L. Enzweiler  
STREET ADDRESS 3398 Corgi Lane  
CITY-STATE-ZIP Chipley FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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: Margaret E. Grady MARGARET E. GRADY 4/23/07 535-9245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #