


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 770241</b> 1. Entity Name SPRING LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 3367 SPRING LAKES DRIVE CHIPLEY, FL 32428 US	Mailing Address P.O. BOX 873 VERNON, FL 32462
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04092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2871744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	
GRADY, MARGARET E. 48 SPRING LAKES DR. P.O. BOX 115 VERNON, FL 32462	

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) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000911127 05/07/08-80026-022 61.25
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10. OFFICERS AND DIRECTORS	
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	STD ENZWEILER, ANGELA J 3367 SPRING LAKES DRIVE CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRADY, CLAYTON C 3426 SPRING LAKES DRIVE CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ENZWEILER, EDNA L 3398 CORGI LANE CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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:** Angela J. Enzweiler **ANGELA J. ENZWEILER** 4/18/08 (850) 535-6595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #