

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770241

FILED  
Mar 15, 2009  
Secretary of State

**Entity Name:** SPRING LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3367 SPRING LAKES DRIVE  
CHIPLEY, FL 32428 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 873  
VERNON, FL 32462

**New Mailing Address:**

**FEI Number:** 59-2871744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRADY, MARGARET E.  
48 SPRING LAKES DR.  
P.O. BOX 115  
VERNON, FL 32462 US

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

GRADY, MARGARET E.  
3426 SPRING LAKES DR.  
CHIPLEY, FL 32428 US

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:

03/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GRADY, MARGARET E.,  
Address: 3426 SPRING LAKES DRIVE  
City-St-Zip: VERNON, FL 32428

Title: STD ( ) Delete  
Name: ENZWEILER, ANGELA J  
Address: 3367 SPRING LAKES DRIVE  
City-St-Zip: CHIPLEY, FL 32428

Title: PD ( ) Delete  
Name: GRADY, CLAYTON C  
Address: 3426 SPRING LAKES DRIVE  
City-St-Zip: CHIPLEY, FL 32428

Title: VPD ( ) Delete  
Name: ENZWEILER, EDNA L  
Address: 3398 CORGI LANE  
City-St-Zip: CHIPLEY, FL 32428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANGELA J. ENZWEILER

STD

03/15/2009

Electronic Signature of Signing Officer or Director

Date