

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G67311** (2)

1. Corporation Name

**SPRING LAKE HOMES INC. OF FLORIDA**



Principal Place of Business

Mailing Address

615 DUANE PALMER BLVD.  
SEBRING FL 33870  
US

615 DUANE PALMER BLVD.  
SEBRING FL 33870  
US

3. Date Incorporated or Qualified  
**11/01/1983**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-2326333**

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24

25

29 33870

30

**Highlands**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIX, LOUISE  
100 CLUBHOUSE LANE  
SEBRING FL 33870**

81 Name  
**Michael A. Telschow**

82 Street Address (P.O. Box Number is Not Acceptable)  
**100 Clubhouse Lane**

83

84 City  
**Sebring**

FL 85 Zip Code  
**33870**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **TELSCHOW MICHAEL A.**  
STREET ADDRESS **6417 LAKESHORE RD.**  
CITY-ST-ZIP **SEBRING FL 33870**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **STD** ☒ DELETE  
NAME **MIX, LOUISE**  
STREET ADDRESS **1021 GREENWOOD TERRACE**  
CITY-ST-ZIP **SEBRING FL 33870**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **STD**  
2.3 STREET ADDRESS **Bethany C. Spikes**  
2.4 CITY-ST-ZIP **7426 Valencia Road**  
**Sebring, FL 33870**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**7/23/96** **941 655 6215**  
**CS 8/14/96**

CR2E034 (3/96)