


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90033 034 \*\*\*\*61.25

|   |                                 |  |  |  |  |
|---|---------------------------------|--|--|--|--|
| <b>DOCUMENT # N05000004818</b>  |                                 |  |  |                       |  |
| <b>1. Entity Name</b><br>SPRINGLAKE VILLAGE HOMEOWNERS ASSOCIATION, INC.  |                                 |  |  |  |  |
| <b>Principal Place of Business</b><br>14706 N.E. 23RD STREET<br>LOT # 60A<br>SILVER SPRINGS, FL 34488   |                                 |  | <b>Mailing Address</b><br>14655 N.E. 24TH STREET Place<br>LOT #52<br>SILVER SPRINGS, FL 34488                                |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>2220 NE 146TH AVE  |                                 | <b>3. Mailing Address</b><br>14655 NE 24th PL  |  |  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.  |  |  |  |
| <b>City &amp; State</b><br>Silver Springs FL  |                                 | <b>City &amp; State</b><br>Silver Springs FL   |  | <b>4. FEI Number</b><br>33-1119084   |  |
| <b>Zip</b><br>34488   |                                 | <b>Country</b><br>MARION   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>COLLING, LEE JAY ESQ.<br>529 VERSAILLES DR. STE 103<br>MAITLAND, FL 32751   |                                 |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |  |
| Signature, typed or printed name of registered agent and title if applicable.   |                                 |  | DATE   |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                               |  |  |  |
| <b>TITLE</b><br>VD<br><b>NAME</b><br>BAILEY, GARY<br><b>STREET ADDRESS</b><br>2220 NE 146TH AVE<br><b>CITY-ST-ZIP</b><br>SILVER SPRINGS, FL 34488   | <input type="checkbox"/> Delete |  |  |  |  |
| <b>TITLE</b><br>T/D<br><b>NAME</b><br>MAXSON, YVONNE<br><b>STREET ADDRESS</b><br>14655 NE 24TH PLACE<br><b>CITY-ST-ZIP</b><br>SILVER SPRINGS, FL 34488  | <input type="checkbox"/> Delete |  |  |  |  |
| <b>TITLE</b><br>SD<br><b>NAME</b><br>HARDWICK, HAROLD<br><b>STREET ADDRESS</b><br>14650 NE 21ST PL<br><b>CITY-ST-ZIP</b><br>SILVER SPRINGS, FL 34488  | <input type="checkbox"/> Delete |  |  |  |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>SHELLEY, CLIFF<br><b>STREET ADDRESS</b><br>14640 NE 24TH PL<br><b>CITY-ST-ZIP</b><br>SILVER SPRINGS, FL 34488   | <input type="checkbox"/> Delete |  |  |  |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>HOBBS, BONNIE<br><b>STREET ADDRESS</b><br>2270 NE 146TH AVE<br><b>CITY-ST-ZIP</b><br>SILVER SPRINGS, FL 34488   | <input type="checkbox"/> Delete |  |  |  |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>WHITE, JOE<br><b>STREET ADDRESS</b><br>14680 NE 23RD LANE<br><b>CITY-ST-ZIP</b><br>SILVER SPRINGS, FL 34488   | <input type="checkbox"/> Delete |  |  |  |  |
| <b>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.</b> |                                 |  |  |  |  |
| <b>SIGNATURE:</b> HAROLD HARDWICK, Secy. <span style="float: right;">4/10/08 352 625-2574</span>  |                                 |  |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                 |  |  |  |  |