

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08293 (5)
1. Corporation Name
SPRING LAKE HOMEOWNERS ASSOCIATION OF PALM HARBO R, INC.



Principal Place of Business 40347 US 19 N 113 TARPON SPRINGS FL 34689-4841 US	Mailing Address 40347 US 19 N 113 TARPON SPRINGS FL 34689-4841 US
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3. Date Incorporated or Qualified 03/21/1985	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3147054	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**SPROWLS, JOSEPH D
C/O PREMIERE MANAGEMENT SERVICES
40347 US 19 N SUITE 113
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

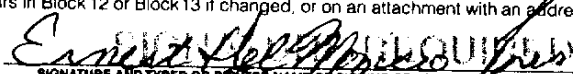
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DELMONICO, ERNIE	1.2 NAME	
STREET ADDRESS	7625 PIPING ROCK CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PT RICHEY FL 34654	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	WITASZEK, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	7633 BUITA DES MORTS	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL 34654	2.4 CITY - ST - ZIP	
TITLE	VTD	3.1 TITLE	
NAME	OLSON, TODD	3.2 NAME	
STREET ADDRESS	5125 OYSTER COVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL 34652	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96
Date

713 934 3327
Daytime Phone #

CR2E037 (3/96)