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

DOCUMENT # N08293 (5)

1. Corporation Name

SPRING LAKE HOMEOWNERS ASSOCIATION OF PALM HARBO R, INC.

Principal Place of Business	Mailing Address
40347 US 19 N 113 TARPON SPRINGS FL 34689-4841 US	40347 US 19 N 113 TARPON SPRINGS FL 34689-4841 US

3. Date Incorporated or Qualified: 03/21/1985
3a. Date of Last Report: 05/01/1995

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

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

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 FL 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	DELMONICO, ERNIE	
STREET ADDRESS	7625 PIPING ROCK CT.	
CITY-ST-ZIP	NEW PT RICHEY FL 34654	
TITLE	SD	☑ DELETE
NAME	WITASZEK, CHRISTOPHER	
STREET ADDRESS	7633 BUITA DES MORTS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	VTD	☐ DELETE
NAME	OLSON, TODD	
STREET ADDRESS	5125 OYSTER COVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TREASURER	☐ Change ☑ Addition
2.2 NAME	DAVID ROVALDI	
2.3 STREET ADDRESS	P.O. BOX 1781 N/A	
2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34656	
3.1 TITLE	S/D	☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	600001895836 -07/17/96--01011--021 ***61.25	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	7-16-96	
6.4 CITY-ST-ZIP		

CR2E037 (3/96)

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: Ernest Del Monico [signature] 6/10/96 813 934 3327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #