

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 40347 US HIGHWAY 19 NORTH SUITE 113 TARPON SPRINGS FL 34689-4841 US	Mailing Address 40347 US HIGHWAY 19 NORTH SUITE 113 TARPON SPRINGS FL 34689-4841 US
---	---

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

3. Date Incorporated or Qualified 03/21/1985	3a. Date of Last Report 07/16/1996
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
85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	T	☐ DELETE
NAME	ROVALDI, DAVID	
STREET ADDRESS	P.O. BOX 1781 (NA)	
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	
TITLE	SD	☒ 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	600002335826	☐ Addition
1.2 NAME	-10/31/97--01081--005	
1.3 STREET ADDRESS	*****61.25 *****61.25	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	☐ Change ☐ Addition
3.2 NAME	Wilke, Leo	
3.3 STREET ADDRESS	7621 Piping Rock	
3.4 CITY-ST-ZIP	New Port Richey, FL 34654	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ 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		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ernie Delmonico President April 13/97 813-3760151
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068987

FILED
97 OCT 27 PM 5:02
SECOND FLORIDA STATE
TALLAHASSEE, FLORIDA


CR2E037 (9/96)

(2)

Management and Associates

October 23, 1997

Hon. Sandra B. Mortham
Florida, Secretary of State
P.O. Box 1500
Tallahassee, FL 32302

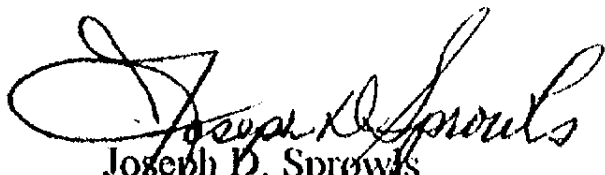
RE: SPRING LAKE HOMEOWNERS ASSOCIATION OF PALM
HARBOR, INC. #N08293

Dear Sandra Mortham:

We realized that the check written to your agency for the corporate annual report was not cashed and discovered via the internet that the above captioned corporation had been "administratively dissolved." Enclosed please find copies of the original application, check and a copy of the postal service form acknowledging receipt of that certified letter by your office.

I was told to have the copy formed signed again by the association's president, which has been done, and to again mail the form with an accompanying check. I trust that due to the loss of the original receipt as proffered by the copy of the postal receipt, there will be no penalty charge and that the Administrative Dissolution will be removed and not classified as an "event." On behalf of the Springs Lake Homeowner's Association, I thank you in advance for your prompt attention to this matter.

Cordially,



Joseph D. Spraws
Vice President, Director of Marketing

C:\WPWIN60\WPIDOC5\604-SPNG.LAK\SECSTATE.REN