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

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

DOCUMENT # N08293 (5)

1. Corporation Name

SPRING LAKE HOMEOWNERS ASSOCIATION OF PALM HARBO R, INC.

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

3. Date Incorporated or Qualified: 03/21/1985
3a. Date of Last Report: 07/16/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELMONICO, ERNIE 7625 PIPING ROCK CT. NEW PT RICHEY FL 34654	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	600002335825 ☐ Change ☐ Addition -10/31/97--01081--005 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROVALDI, DAVID P.O. BOX 1781 (NA) NEW PORT RICHEY FL 34656	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OLSON, TODD 5125 OYSTER COVE NEW PORT RICHEY FL 34652	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Wilke, Leo 7621 Piping Rock New Port Richey, FL 34654 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition DB 10-28-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

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 J. DelMonico President 10/28/97 813-376-0151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0068987

(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. Sprowls
Vice President, Director of Marketing

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40347 U.S. 19 North Suite # 113 • Tarpon Springs, FL 34689-4841 • 813-934-3227 • Fax 813-937-6936