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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 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

4. FEI Number: 59-3147054 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 40347 US HWY 19 N
Suite, Apt. #, etc. 22 SUITE 201	Suite, Apt. #, etc. 27 SUITE 201
City & State 23	City & State 28 TARPON SPRINGS
Zip / Country 24 / 25	Zip / Country 29 34689 / 30 PINELLAS

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPROWLS, JOSEPH D C/O PREMIERE MANAGEMENT SERVICES 40347 US 19 N SUITE 113 TARPON SPRINGS FL 34689	81 Name: KARAGIANIS, IRENE 82 Street Address (P.O. Box Number is Not Acceptable): ~~%~~ C/O TEJS PROPERTY MGMT, INC 83 40347 US 19 N. SUITE 201 84 City: TARPON SPRINGS FL 85 Zip Code: 34689

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: IRENE KARAGIANIS (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-27-98

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	PD WITASEK, CHRISTOPHER 7633 BUITA DES MORTS NEW PORT RICHEY, FL 34654	☒ Change ☐ Addition
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	VPD BECKLUND, VICTOR M 5835 DERRINGER COURT NEW PORT RICHEY, FL 34655-1140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILKE, LEO 7621 PIPNG ROCK NEW PORT RICHEY FL 34654	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/T/D WITASEK, HEIDI 7633 BUITA DES MORTS 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
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 (10/97)

14. I 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: Heidi Witasek 4/27/98 813-942-4755