

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90032 013 ****61.25

0072404

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N08293

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 201
TARPON SPRINGS FL 34689
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/21/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3147054
City & State	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23	28	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
24	29	30

9. Name and Address of Current Registered Agent

KARAGIANIS, IRENE
% J PROPERTY MGMT INC
40347 US 19 N #201
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	PD ☐ DELETE	1.1 TITLE	☒ Change ☒ Addition
NAME	WITASEK, CHRISTOPHER	1.2 NAME	WITASZEKI, CHRISTOPHER
STREET ADDRESS	7633 BUITA DES MORTS	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL 34654	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BECKLUND, VICTOR M	2.2 NAME	
STREET ADDRESS	5835 DERRINGER CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	WITASEK, HEIDI	3.2 NAME	WITASZEKI, HEIDI
STREET ADDRESS	7633 BUITA DES MORTS	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-10-99

Date

Daytime Phone #

CR2E037 (11/98)