

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90109 004 ****61.25

20034030



DOCUMENT # N08293 1. Entity Name SPRING LAKE HOMEOWNERS ASSOCIATION OF PALM HARBOR, 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 Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3147054			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KARAGIANIS, IRENE % J PROPERTY MGMT INC 40347 US 19 N #201 TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DUBRIAN, JEAN ☐ Delete 10830 BROOK HAVEN DR. NEW PORT RICHEY, FL 34654				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CURTIN, PAUL ☒ Delete 7638 PIPING ROCK CT NEW PORT RICHEY, FL 34654				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HADNOTT, LESTER ☒ Delete 7821 PIPING ROCK CT NEW PORT RICHEY, FL 34654				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REICHENBERGER, RUSS ☐ Delete 7636 PIPING ROCK COURT NEW PORT RICHEY, FL 34654				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-T ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Change ☒ Addition Witaszek, Christopher 7633 Buitta Des Morts New Port Richey, FL 34654				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					