2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N08293

Ti Linky Name			Isk En Lando				
SPRING LAKE H HARBOR, INC.							
Principal Place of Busin	ess	Mailing Address					
40347 US HIGHWAY SUITE 113 TARPON SPRINGS F US		40347 US HIGHWAY 19 NORTH SUITE 201 TARPON SPRINGS FL 34689 US					
2. Principal Place of Bu	isiness - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
		_ `	<u> </u>				

FILED Mar 30, 2007 8:00 am Secretary of State 03-30-2007 90142 021 ****61.25

HARBOR, INC.					ļ		2.3/					
Principal Place of Business Mailing A			ng Address									
SUITE 113 SUI			SUI [*]	0347 US HIGHWAY 19 NORTH JITE 201 ARPON SPRINGS FL 34689 S								
2. Principal Place of Business - No P.O. Box # 3. Ma			ailing Address) institut all		ili albu guru árfin áitili	***********			
Suite, Apt. #, etc. S			Suite, Apt. #, etc.			1st MOORE CR2E037 (10/06)						
City & State			С	City & State			4. FEI Number Applied For S9-3147054 Not Applied block			··		
Zip	Zip Country Zip			ip Country				5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				ed Agent	<u>'</u>			7. Name and Add	ress of New Registe	ered Agent		
						Name			_			
KARAGIANIS, IRENE					Street Address (P.O. Box Number is Not Acceptable)							
% J PROPERTY MGMT INC 40347 US 19 N #201			-									
TARPON SPRINGS FL 34689						City				FL Zip Co	de	
8. The above	named entity	submits this statement fo	the purp	oose of changing its	rogistered	d office or r	egister	ed agent, or both, in	the State of Florida.	I am familiar with	, and accept	
uie obligai	uons on regist	эгес адеги.										
SIGNATURE .												
	Signature, typed	or printed harrie of registered agent	and title if an	picable. (NOTE	E. Registered A	Agent signature	required	when reinstating)		PATE		
- ,	FILE MON	EEE IO AOA OF				,						
FILE NOW: FEE IS \$61.25			Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make C	heck Payable	to State				
Due By May 1, 2007					_	Added to Fees Florida Department of State						
10.	T	OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTORS II	-	
TITLE	VP			☐ Delete	THE	'	S.Ec.	Y. TREAS.		☐ Change	Addition	
NAME STREET ADDRESS	DUBRIAN,	JEAN OOK HAVEN DR.			NAMÉ STREET	ADDRESS	KAL	ph J. LINN Buita De:	S MORTS			
CITY-ST-ZIP		RICHEY FL 34654			CITY-S	I-ZIP	NEW	PORT Riche	V FL 34654			
IIIŒ	PD			☐ Delete	TITLE	1			,	Change	Addition	
NAME	WITASZEK	(, CHRISTOPHER			NAME						i	
STREET ADORESS CITY-ST-ZIP		A DES MORTS			STREET	ADDRESS						
IIIŒ	NEW PORT	RICHEY FL 34654		☐ Delele	TITLE	1-ZIP				Change		
NAME	 			∟ Delele	NAME	-				☐ Change -	Addition -	
STREET ADORESS					STREET	ADDRESS						
CITY-ST-ZIP		,			CITY-S	T- ZIP						
HILE				☐ Delete	HILE					☐ Change	Addition	
NAME STREET ADDRESS					NAME.	ADDRESS						
CITY-ST-ZIP					CITY-S							
IIIŒ				□ Delete	TITLE					☐ Change	Addition	
NAME					NAME					_ ,		
STREET ADDRESS						ADDRESS						
CITY - ST - ZIP					CITY-S	1-7IP						
TITLE				☐ Delele	IIILE					☐ Change	Addition	
NAME STREET ADDRESS					NAME STREET	ADDRESS						
CITY-S1-7IP					CHY-S						!	
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indicated on this report or supplied with rins liting does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my step dure 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 trusted empowered to execute this report as equired 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: /

3-18-09 727-942-4255