2008 NOT-FOR-PROFIT CORPORATION

Apr 04, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N08293** 04-04-2008 90035 032 ****61.25 SPRING LAKE HOMEOWNERS ASSOCIATION OF PALM HARBOR, INC. Principal Place of Business Mailing Address 40347 US HIGHWAY 19 NORTH 40347 US HIGHWAY 19 NORTH 40059669 SUITE 113 SUITE 201 TARPON SPRINGS, FL 34689-4841 US TARPON SPRINGS, FL 34689 115 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 02022008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3147054 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KARAGIANIS, IRENE %'J PROPERTY MGMT INC Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N #201 TARPON SPRINGS, FL 34689 City 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 Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VP TITLE Delete TITLE Change ☐ Addition HADNOTT, LESTER DUBRIAN, JEAN NAME NAME 10830 BROOK HAVEN DR. 7621 PIPING ROCK CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654 CITY-ST-ZIP NEW PORT RICHEY, FL 31654 TITLE Delete TITLE 😾 Change ☐ Addition NAME WITASZEK, CHRISTOPHER PAVLICH, JACKIE 7638 PIPING ROCK CT NAME STREET ADDRESS 7633 BUITA DES MORTS STREET ADDRESS NEW PORT RICHEY, FL 34654 CITY-ST-ZIP CITY-ST-ZIP NEW PORTRICHEY, FL 34654 ST TITLE ☐ Delete TITLE Change ☐ Addition NAME LINN, RALPH J NAME 7635 BUNITA DES MORTS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654 CITY-ST-7IP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

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Change

☐ Addition

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