2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N08293

Entity Name: SPRING LAKE HOMEOWNERS ASSOCIATION OF PALM HARBOR, INC.

Current Principal Place of Business:

40347 US HIGHWAY 19 NORTH
SUITE 113
TARPON SPRINGS, FL 346894841 US

New Principal Place of Business:

40347 US HIGHWAY 19 NORTH
SUITE 113
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

40347 US HIGHWAY 19 NORTH
SUITE 201
TARPON SPRINGS, FL 34689 US

New Mailing Address:

40347 US HIGHWAY 19 NORTH
SUITE 113
TARPON SPRINGS, FL 34689 US

FEI Number: 59-3147054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARAGIANIS, IRENE
% J PROPERTY MGMT INC
40347 US 19 N #201
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: HADNOTT, LESTER
Address: 7621 PIPING ROCK CT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: TD ( ) Delete
Name: PAVLICH, JACKIE
Address: 7638 PIPING ROCK CT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PD ( ) Delete
Name: LINN, RALPH J
Address: 7635 BUNITA DES MORTS
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH J. LINN PRES 04/13/2009

Electronic Signature of Signing Officer or Director — Date