

FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N13621 (0)**

1. Corporation Name  
**SPRING LAKE PROPERTY ASSOCIATION, INC.**



Principal Place of Business <b>6110 US HWY 98 SEBRING FL 33870</b>	Mailing Address <b>6110 US HWY 98 SEBRING FL 33870</b>
---	---

3. Date Incorporated or Qualified <b>02/28/1986</b>	
4. FEI Number <b>59-2666676</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**FOREMAN, JOHN F., JR.  
532 LIN ROAD  
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81 Name <b>John R. Cashon</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>5816 Edgewater Terrace</b>	
83	
84 City <b>Sebring</b>	85 Zip Code <b>FL 33870</b>

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 **John R. Cashon, President** (NOTE: Registered Agent signature required when reappointing) DATE **5/18/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FOREMAN, JOHN F., JR.</b>	
STREET ADDRESS	<b>532 LIN ROAD</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>FVPD</b>	<input type="checkbox"/> DELETE
NAME	<b>EICHER, CHESTER J</b>	
STREET ADDRESS	<b>225 BROOK LANE</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SUNMAN JANET</b>	
STREET ADDRESS	<b>6217 CYPRESS LANE</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>FOGLE, DONALD</b>	
STREET ADDRESS	<b>333 OAK KNOLLS CIRCLE</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>SVPD</b>	<input type="checkbox"/> DELETE
NAME	<b>CASHON, JOHN R</b>	
STREET ADDRESS	<b>5816 EDGEWATER TERRACE</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Cashon, John R.</b>	
1.3 STREET ADDRESS	<b>5816 Edgewater Terrace</b>	
1.4 CITY-ST-ZIP	<b>Sebring, FL 33870</b>	
2.1 TITLE	<b>FVPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Hancock, Carl S.</b>	
2.3 STREET ADDRESS	<b>6233 Thomas Terrace</b>	
2.4 CITY-ST-ZIP	<b>Sebring, FL 33870</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Wolfe, Karen</b>	
4.3 STREET ADDRESS	<b>8124 Hampshire Drive</b>	
4.4 CITY-ST-ZIP	<b>Sebring, FL 33870</b>	
5.1 TITLE	<b>SVPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Foreman, John F., Jr.</b>	
5.3 STREET ADDRESS	<b>532 Lin Road</b>	
5.4 CITY-ST-ZIP	<b>Sebring, FL 33870</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE **Carl S. Hancock** April 24, 1998

CR2E037 (10/97)