

FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **N13621** (0)

1. Corporation Name

SPRING LAKE PROPERTY ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 6110 US HWY 98 SEBRING FL 33870 | Mailing Address 6110 US HWY 98 SEBRING FL 33870 |
|---|---|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

3. Date Incorporated or Qualified

02/28/1986

4. FEI Number

59-2666676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **John R. Cashon**

82 Street Address (P.O. Box Number is Not Acceptable)
5816 Edgewater Terrace

83

84 City **Sebring**

FL

85 Zip Code
33870

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

John R. Cashon 5/18/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | FOREMAN, JOHN F., JR. | |
| STREET ADDRESS | 532 LIN ROAD | |
| CITY-ST-ZIP | SEBRING FL 33870 | |

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Cashon, John R. | |
| 1.3 STREET ADDRESS | 5816 Edgewater Terrace | |
| 1.4 CITY-ST-ZIP | Sebring, FL 33870 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | FVPD | <input type="checkbox"/> DELETE |
| NAME | EICHER, CHESTER J | |
| STREET ADDRESS | 225 BROOK LANE | |
| CITY-ST-ZIP | SEBRING FL | |

| | | |
|--------------------|----------------------------|--|
| 2.1 TITLE | FVPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Hancock, Carl S. | |
| 2.3 STREET ADDRESS | 6233 Thomas Terrace | |
| 2.4 CITY-ST-ZIP | Sebring, FL 33870 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SUNMAN JANET | |
| STREET ADDRESS | 6217 CYPRESS LANE | |
| CITY-ST-ZIP | SEBRING FL | |

| | | |
|--------------------|--|---|
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | FOGLE, DONALD | |
| STREET ADDRESS | 333 OAK KNOLLS CIRCLE | |
| CITY-ST-ZIP | SEBRING FL | |

| | | |
|--------------------|-----------------------------|--|
| 4.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Wolfe, Karen | |
| 4.3 STREET ADDRESS | 8124 Hampshire Drive | |
| 4.4 CITY-ST-ZIP | Sebring, FL 33870 | |

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | SVPD | <input type="checkbox"/> DELETE |
| NAME | CASHON, JOHN R | |
| STREET ADDRESS | 5816 EDGEWATER TERRACE | |
| CITY-ST-ZIP | SEBRING FL | |

| | | |
|--------------------|------------------------------|--|
| 5.1 TITLE | SVPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Foreman, John F., Jr. | |
| 5.3 STREET ADDRESS | 532 Lin Road | |
| 5.4 CITY-ST-ZIP | Sebring, FL 33870 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 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 *[Signature]*

Carl S. Hancock

April 24, 1998

CR2E037 (10/97)