FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

[illegible] 1 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17305 (6)

1. Corporate Name

SPRING DRIVE ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business
2101 QUAIL RIDGE
HAVANA FL 32333

Mailing Address
2101 QUAIL RIDGE
HAVANA FL 32333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1986

3a. Date of Last Report: 10/24/1994

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Uniform Commercial Financing Statement Certificate ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

8. Does corporation qualify for exemption under S. 196.192, Florida Statutes? ☐ Yes ☑ No

21 2. Principal Place of Business
22 State, Apt. #, etc.
23 City & State
24 Zip 25 County

26 2a. Mailing Address
27 State, Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

HARVEY, CHARLES B.JR.
2101 QUAIL RIDGE
HAVANA FL 32333

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation submits the 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. Thereby accepted the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. Officers, Directors, Etc.

Title	DS
Name	HARVEY, TAMARA
Street Address	2101 QUAIL RIDGE
City, State, Zip	HAVANA FL
Title	D
Name	HARVEY, CHARLES B.
Street Address	1319 MICCOSUKEE ROAD
City, State, Zip	TALLAHASSEE FL
Title	D
Name	HARVEY, JACKIE
Street Address	825 LAKE RIDGE ROAD
City, State, Zip	TALLAHASSEE FL
Title	PD
Name	HARVEY, CHARLES B., JR.
Street Address	2101 QUAIL RIDGE
City, State, Zip	HAVANA FL
Title	
Name	
Street Address	
City, State, Zip	
Title	
Name	
Street Address	
City, State, Zip	

13. Additions, Changes, Deletions

Title	☐ Change ☐ Addition
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City, State, Zip	

14. To the best of my knowledge, the information supplied with this report is accurate and complete, and I am aware that the penalties for filing a false report are contained in Section 817.155, Florida Statutes. Further, I hereby certify that the information indicated on this annual report or supplemental annual report, if applicable, is in accordance with Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof as an officer or director of the corporation.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 (904) 222-4650
Date Daytime Phone

0028012