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Jan 29 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 # **N40253** **(9)**

1. Corporation Name
SPENGER SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O DAVID PUOPOLO 27657 OLD 41 ROAD BONITA SPRINGS FL 33923	C/O DAVID PUOPOLO 27657 OLD 41 ROAD BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: 09/24/1990

4. FEI Number: 65-0311053 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3591 MC COMB LN.	26 3591 MC COMB LN.
Suite, Apt. #, etc. 22 BONITA SPRINGS, FL	Suite, Apt. #, etc. 27
City & State 23	City & State 28 BONITA SPRINGS, FL
Zip / Country 24 34 134 / 25 USA	Zip / Country 29 34134 / 30 USA

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
PUOPOLO, DAVID 27657 OLD 41 RD BONITA SPRINGS FL ~~33923~~ 34135	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34135

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPENGER, JOSEPH		1.2 NAME		
STREET ADDRESS	3591 MCCOMB LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPENGER, HANNELORE		2.2 NAME		
STREET ADDRESS	3591 MCCOMB LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEHRBRODT, WERNER		3.2 NAME		
STREET ADDRESS	3561 MCCOMB LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: JP Spenger TH HANNELORE SPENGER 01/23/98 941/992 9172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #