

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90196 023 ****61.25

DOCUMENT # N93000001808

1. Entity Name
SPRING LAKE PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1525 OAK GLEN CT
FRUITLAND PARK, FL 34731 US**

Mailing Address
**1525 OAK GLEN CT
FRUITLAND PARK, FL 34731 US**

40001799



2. Principal Place of Business
1524 Oak Glen CT
Suite, Apt. #, etc.

3. Mailing Address
1524 Oak Glen CT
Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State
Fruitland Park FL
Zip
34731
Country
Laice

4. FEI Number
59-3182447
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CRIDER, WILLIAM E
1525 OAK GLEN CR
FRUITLAND PARK, FL 34731**

7. Name and Address of New Registered Agent
Name
Crider, William E
Street Address (P.O. Box Number is Not Acceptable)
1524 Oak Glen CT
City
Fruitland Park FL Zip Code
34731

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William E Crider**

(NOTE: Registered Agent signature required when reinstating)

1-9-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State.**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CRIDER, WILLIAM 1525 OAK GLEN COURT FRUITLAND PARK, FL 34731 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST MONTGOMERY, CHARLOTTE 1530 OAK GLEN CT FRUITLAND PARK, FL 34731 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BLOUNT, RICHARD W 340 W OAK TERRACE DR # 152 LEESBURG, FL 34748 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → 1524 Oak Glen CT |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cindy Steele V-P. 1543 Oak Glen Ct Fruitland Park FL 34731 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Charlotte Montgomery** **CHARLOTTE Montgomery** 352 - 365-0406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1-6-06