


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90049 036 ****70.00

DOCUMENT #N93000001808 1. Entity Name SPRING LAKE PINES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1524 OAKGLEN CT. FRUITLAND PARK, FL 34731 US			Mailing Address 1524 OAK GLEN CT FRUITLAND PARK, FL 34731 US		
2. Principal Place of Business - No P.O. Box # 1543 Oak Glen Court Suite, Apt. #, etc.			3. Mailing Address PO Box 655 Suite, Apt. #, etc.		
City & State Fruitland Park FL		City & State Fruitland PARK FL		4. FEI Number 59-3182447	
Zip 34731		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRIDER, WILLIAM E 1524 OAKGLEN CT. FRUITLAND PARK, FL 34731				7. Name and Address of New Registered Agent Name Cynthia Steele Street Address (P.O. Box Number is Not Acceptable) 1543 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 Charlotte Montgomery 2-5-07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 1524 OAKGLEN CT. FRUITLAND PARK, FL 34731	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cynthia Steele 1543 Oak Glen Ct Fruitland Park FL 34731	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP P. STEELE, CINDY 1543 OAKGLEN CT. FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. →	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dick Rostomily 36541 Millview RD. Fruitland Park FL 34731	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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 ST 2-5-07 352 365-0406 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Charlotte Montgomery ST