

**2008-NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N93000001808

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



Principal Place of Business
1543 OAKGLEN CT.
FRUITLAND PARK, FL 34731 US

Mailing Address
PO BOX 655
FRUITLAND PARK, FL 34731 US



02282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

STEELE, CYNTHIA
1543 OAKGLEN CT.
FRUITLAND PARK, FL 34731

**DO NOT WRITE
IN THIS SPACE**

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: *Cynthia Steele, President* *Cynthia Steele* *3-11-08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

0000000861357

04/03/08-80005-020 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEELE, CYNTHIA
STREET ADDRESS	1543 OAK GLEN CT
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	ST
NAME	MONTGOMERY, CHARLOTTE
STREET ADDRESS	1530 OAK GLEN CT
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	P
NAME	STEELE, CINDY
STREET ADDRESS	1543 OAKGLEN CT.
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	VP
NAME	ROSTOMILY, DICK
STREET ADDRESS	36541 MILLVIEW RD
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Cynthia Steele* *Cynthia Steele* *2-28-08* *352-636-4308*
Signature and typed or printed name of signing officer or director Date Daytime Phone #