FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300005248 (0)

LITTLE SPRING LAKE ASSOCIATION, INC.

FILED Jan 29 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address	Mailing Address			-
36236 MARY ELLEN ST 36236 MARY ELLEN						3. Date Incorporated or Qualified
FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731						11/22/1993
						4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address						59-3210752 Not Applicable 5 Cartificate of Status Decired S8.75 Additional
21		26	– *			5. Certificate of Status Desired
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27	27 City & State			Trust Fund Contribution
City & State		28	}			7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the current year Intangible
24	25 29 30 9. Name and Address of Current Registered Agent		30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Hegisterea Agent	8	il N	ame	10. Name and Address of New Registered Agent
COOK, EMORY						
1107 W NORTH BLVD				12 SI	reet Addres	ss (P.O. Box Number is Not Acceptable)
	JRG FL 34748		8	3		
			8	4 C	ity	■■ 85 Zlp Code
44 5		00 1 C47 4F00 F11-1- 04				FL S 24 COUG
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Ē		☐ Change ☐ Addition
NAME	PATTERSON, JOHN A.			_		
STREET ADDRESS	36236 MARY ELLEN ST.		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
CITY-ST-ZIP	FRUITLAND PK FL	DELETE	1.4 CITY 2.1 TITLE		<u> </u>	☐ Change ☐ Addition
NAME	COOK, EMORY				ļ	
STREET ADDRESS	36309 W. SPRING LAKE BLV	D.	2.3 STREET ADDRESS		RESS	_\$. 1, 2
CITY-ST-ZIP	FRUITLAND PK FL	il de la companya de		'-ST-ZI	P	
TITLE	D	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	LONG, RONALD E.		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY 4.1 TITLE		<u> </u>	☐ Change ☐ Addition
NAME	_		4. 2 NAM			
STREET ADDRESS	36309 W. SPRING LAKE BLV	D.	4.3 STRE		RESS	
CITY-ST-ZIP	FRUITLAND PK FL 4.44		4.4 CITY	-ST-ZIF	,	
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS			5.3 STRE			
CITY-ST-ZIP			_	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE NAME			6.2 NAMI			
STREET ADDRESS			6.3 STRE		RESS	
CITY-ST-ZIP			6.4 CITY			
	certify that the information supplied w	ith this filing does not qualify for				ection 119.07(3)(i), Florida Statutes. I further certify that the information

4. Thereby 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 informatio 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:

ELCONE REQUIFFED ALDE LONG

1-21-98

CR2E