2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000005248

1. Entity Name
LITTLE SPRING LAKE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
36236 MARY ELLEN ST FRUITLAND PARK, FL 34731	36236 MARY ELLEN ST FRUITLAND PARK, FL 34731

DO NOT WRITE IN THIS SPACE

04162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3210752
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COOK, EMORY
1107 W NORTH BLVD
LEESBURG, FL 34748

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000124854
04/22/04-80059-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATTERSON, JOHN A.
STREET ADDRESS	36236 MARY ELLEN ST.
CITY-ST-ZIP	FRUITLAND PK, FL
TITLE	D
NAME	COOK, EMORY
STREET ADDRESS	36309 W. SPRING LAKE BLVD.
CITY-ST-ZIP	FRUITLAND PK, FL
TITLE	D
NAME	LONG, RONALD E.
STREET ADDRESS	01916 SPRING LAKE RD.
CITY-ST-ZIP	FRUITLAND PK, FL
TITLE	D
NAME	COOK, MELANIE
STREET ADDRESS	36309 W. SPRING LAKE BLVD.
CITY-ST-ZIP	FRUITLAND PK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: John A. Patterson 4-16-2004 352-728-8421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #