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NONPROFIT CORPORATION ANNUAL REPORT

1998 / 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03-16-1999 90117 011 ***61.25
FILED N97000004009
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N97000004009

1. Corporation Name
Spring Harbor Homeowners Association, Inc.

Principal Place of Business	Mailing Address
980 Montgomery Road Suite 3 Altamonte Springs, FL 32714 US	P.O. Box 1605080 Altamonte Springs, FL 32716-0580

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	7/14/97
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3493840 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Meridythe Kanaga
	82 Street Address (P.O. Box Number is Not Acceptable): 980 Montgomery Road
	83: Suite 3
	84 City: Altamonte Springs FL 85 Zip Code: 32714

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: Meridythe Kanaga — 3/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Honey, Richard N.	1.2 NAME	100002946651
STREET ADDRESS	3 Brook Avenue -P.O.Box 337	1.3 STREET ADDRESS	-07/30/99--01118--012
CITY-ST-ZIP	Kinsale, VA 22488	1.4 CITY-ST-ZIP	*****61.25 *****
TITLE	DVP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Ronca, Louis G.	2.2 NAME	
STREET ADDRESS	205 Honeysuckle Lane	2.3 STREET ADDRESS	
CITY-ST-ZIP	Longwood, FL 32779	2.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Lazarus, Randall C.	3.2 NAME	
STREET ADDRESS	300 Wild Olive Lane	3.3 STREET ADDRESS	
CITY-ST-ZIP	Longwood, FL 32779	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	7/27
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

(11/98)

14. 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 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, with all other like empowered.

SIGNATURE: [signature] Randall C. Lazarus 3/15/99 407/862-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #