

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004913 (6)

1. Corporation Name

SPRING PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

82 PINE FOREST DRIVE
HAINES CITY FL 33844

82 PINE FOREST DRIVE
HAINES CITY FL 33844

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

59-3468320

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REED, CHUCK
82 PINE FOREST DRIVE
HAINES CITY FL 33844

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCCOY, RON
STREET ADDRESS 3567 PINE TREE LOOP
CITY-ST-ZIP HAINES CITY FL 33844 ☒ DELETE

1.1 TITLE PD
1.2 NAME RALPH Richardson
1.3 STREET ADDRESS 63 PINE FOREST DR.
1.4 CITY-ST-ZIP HAINES CITY, FL 33844 ☐ Change ☒ Addition

TITLE VPD
NAME REED, CHUCK
STREET ADDRESS 82 PINE FOREST DRIVE
CITY-ST-ZIP HAINES CITY FL 33844 ☐ DELETE

2.1 TITLE VPD
2.2 NAME REED, CHUCK
2.3 STREET ADDRESS 82 PINE FOREST DR.
2.4 CITY-ST-ZIP HAINES CITY FL 33844 ☐ Change ☐ Addition

TITLE STD
NAME COOLEY, BARBARA
STREET ADDRESS 3571 PINE TREE LOOP
CITY-ST-ZIP HAINES CITY FL 33844 ☒ DELETE

3.1 TITLE Sec/Treas
3.2 NAME Cheryl McCoy
3.3 STREET ADDRESS 3567 PINE TREE LOOP
3.4 CITY-ST-ZIP HAINES CITY, FL 33844 ☐ Change ☒ Addition

TITLE D
NAME CAMPBELL, SCOTT
STREET ADDRESS 82 PINE FOREST DRIVE
CITY-ST-ZIP HAINES CITY FL 33844 ☒ DELETE

4.1 TITLE D
4.2 NAME Smith, AL
4.3 STREET ADDRESS 3537 Pine Tree Loop
4.4 CITY-ST-ZIP HAINES CITY, FL 33844 ☐ Change ☐ Addition

TITLE D
NAME SMITH, AL
STREET ADDRESS 3537 PINE TREE LOOP
CITY-ST-ZIP HAINES CITY FL 33844 ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:



2-25-98 941-439-1916

CR2E037 (10/97)