2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000075131

1. Entity Name
SPRING PARK VILLAS DEVELOPMENT CORP

Principal Place of Business	Mailing Address
960 MAIN ST SAFETY HARBOR, FL 34695	960 MAIN ST. SAFETY HARBOR, FL 34695

01072006 No Chg-P CR2F034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3550831
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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: _____ DATE
(If changing registered agent, registered agent must sign above.) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LINDER, OWEN
STREET ADDRESS	960 MAIN ST.
CITY-STATE-ZIP	SAFETY HARBOR, FL 34695
TITLE	DST
NAME	LINDER, MARCIE J
STREET ADDRESS	960 MAIN ST.
CITY-STATE-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000390948
01/24/06-80017-009 158.75

DO NOT WRITE IN THIS SPACE

check #1002
$158.75

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 607, Florida Statutes; and that my name appears in block 10 or block 11 changed, or added with an address, with all other like empowered.

SIGNATURE: Owen Linder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #