# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -2 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35903 (6)

1. Corporation Name
SOUTH LAKES HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P. O. BOX 2519<br>MELBOURNE FL 32902 | P. O. BOX 2519<br>MELBOURNE FL 32902 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1989
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2997279 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ | $68.75 Supplemental Fee Not Required |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No | |

9. Name and Address of Current Registered Agent

BRUNN,FRANK
~~1620~~ 407 E. NEW HAVEN AVE
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

91 Name: BRUNN, FRANK
92 Street Address (P.O. Box Number Is Not Acceptable): 407 E. NEW HAVEN AVE.
93
94 City: MELBOURNE FL 95 Zip Code: 32901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: F. K. Brunn 1-20-95
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 | P | 1.1 TITLE | (D) P. DIR. | ☒ Change ☐ Addition |
| NAME | SANDRA, DEPASCALE | 1.2 NAME | JOHN ARANT | |
| STREET ADDRESS | 4280 SILVER LAKE DR | 1.3 STREET ADDRESS | 4344 SOUTH LAKES CIR. | |
| CITY-ST-ZIP | MELBOURNE FL | 1.4 CITY-ST-ZIP | MELBOURNE, FL. 32901 | |
| TITLE | VP | 2.1 TITLE | (D) VP. DIR. | ☒ Change ☐ Addition |
| NAME | REGINA, BOWLER M | 2.2 NAME | JOHN D. CURRI | |
| STREET ADDRESS | 164 OAK LAKE | 2.3 STREET ADDRESS | 4381 SILVER LAKE DR. | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | 2.4 CITY-ST-ZIP | MELBOURNE, FL 32901 | |
| TITLE | S | 3.1 TITLE | (D) S. DIR. - B. ELAM | ☒ Change ☐ Addition |
| NAME | AL, CHANSEN B | 3.2 NAME | JOHNNY | |
| STREET ADDRESS | 101 OAK LAKE | 3.3 STREET ADDRESS | 165 OAK LAKE Rd | |
| CITY-ST-ZIP | MELBOURNE FL 32952 | 3.4 CITY-ST-ZIP | MELBOURNE, FL 32901 | |
| TITLE | T (D) DIR. - | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HARRIETTE WATTS | 4.2 NAME | | |
| STREET ADDRESS | 166 TWIN LAKES | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Harriette F Watts Treas. Harriette F Watts 1-20-95 - 722-1865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038881