3-3-97 B 2548-C

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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N35903** **(6)**

1. Corporation Name

SOUTH LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 2519 MELBOURNE FL 32902	P. O. BOX 2519 MELBOURNE FL 32902-2519

3. Date Incorporated or Qualified: **12/29/1989**

3a. Date of Last Report: **02/14/1996**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2997279** ☐ Applied For ☐ Not Applicable

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

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

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
407 E. NEW HAVEN AVE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

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 _____ DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARANT, JOHN		1.2 NAME		
STREET ADDRESS	4344 SOUTH LAKE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		1.4 CITY-ST-ZIP		
TITLE	~~VP~~ D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CURRI, JOHN D.		2.2 NAME		
STREET ADDRESS	4381 SILVER LAKE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARRIETTE WATTS		3.2 NAME		
STREET ADDRESS	166 TWIN LAKES		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Sec./D	☐ Change ☒ Addition
NAME			4.2 NAME	ARANT, John	
STREET ADDRESS			4.3 STREET ADDRESS	4344 South Lakes Circle	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
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		

CR2E037 (9/96)

14. I do 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: Harriette Watts HARRIETTE F. WATTS 1-22-97 407-722-1865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0018560