

3-3-97

B 2548-C

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35903 (6)

1. Corporation Name

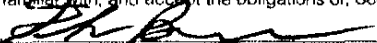
SOUTH LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P. O. BOX 2519
MELBOURNE FL 32902

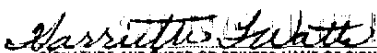
Mailing Address

P. O. BOX 2519
MELBOURNE FL 32902-2519

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1989		3a. Date of Last Report 02/14/1996	
21		26		4. FEI Number 59-2997279		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRUNN, FRANK 407 E. NEW HAVEN AVE MELBOURNE FL 32901				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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							

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		☒ 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	168 TWIN LAKES			3.3 STREET ADDRESS			
CITY - ST - ZIP	MELBOURNE FL 32901			3.4 CITY - ST - ZIP			
TITLE		☐ DELETE		4.1 TITLE	Sec. 1/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			

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 F. WATTS 1-23-97 407-722-1865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019580

CR2E037 (9/96)