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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35903**

1. Corporation Name
SOUTH LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4327 SILVER LAKE DRIVE MELBOURNE FL 32901-8647	4327 SILVER LAKE DRIVE MELBOURNE FL 32901-8647 P.O. Box 2548 Melbourne, FL. 32902

2. Principal Place of Business 21 283 Twin LAKES Rd. Suite, Apt. #, etc. 22 C/o Russell Palmer City & State 23 Melbourne, FL. Zip 24 32901 Country 25 USA	2a. Mailing Address 26 P.O. Box 2548 Suite, Apt. #, etc. 27 City & State 28 Melbourne, FL. Zip 29 32901 Country 30 USA	3. Date Incorporated or Qualifed 12/29/1989 4. FEI Number 59-2997279 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BACKIE, CAHTERINE
116 OAK LAKE RD
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: Lovie E. ZAGO
82 Street Address (P.O. Box Number is Not Acceptable): 4323 Blue LAKE Dr.
83
84 City: Melbourne FL 85 Zip Code: 32901

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: Lovie E. ZAGO Lovie E. ZAGO 2-19-99
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	D	☑ DELETE	1.1 TITLE	President	☐ Change ☑ Addition
NAME	BIAS, LARRY		1.2 NAME	Russell Palmer	
STREET ADDRESS	4362 BLUE LAKE DR		1.3 STREET ADDRESS	283 Twin LAKES Rd.	
CITY-ST-ZIP	MELBOURNE FL 32901		1.4 CITY-ST-ZIP	Melbourne, FL. 32901	
TITLE	D	☑ DELETE	2.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	MILLER, FRED		2.2 NAME	Allen Rainwater	
STREET ADDRESS	4375 SOUTH LAKE CIR		2.3 STREET ADDRESS	249 Oak Lake Rd.	
CITY-ST-ZIP	MELBOURNE FL 32901		2.4 CITY-ST-ZIP	Melbourne, FL. 32901	
TITLE	D	☑ DELETE	3.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	OTTERMAN, JIM		3.2 NAME	Lovie ZAGO	
STREET ADDRESS	4268 BLUE LAKE DR		3.3 STREET ADDRESS	4323 Blue Lake Dr.	
CITY-ST-ZIP	MELBOURNE FL 32901		3.4 CITY-ST-ZIP	Melbourne, FL. 32901	
TITLE	D Vice President	☐ DELETE	4.1 TITLE	Director	☐ Change ☑ Addition
NAME	SHEPARD, MICHAEL		4.2 NAME	Bill Keeniot	
STREET ADDRESS	189 CRYSTAL LAKE RD		4.3 STREET ADDRESS	234 Twin Lakes Rd.	
CITY-ST-ZIP	MELBOURNE FL 32901		4.4 CITY-ST-ZIP	Melbourne, FL. 32901	
TITLE	T	☑ DELETE	5.1 TITLE	Director	☐ Change ☑ Addition
NAME	BACKIEL, CAHTERINE		5.2 NAME	Nick Walker	
STREET ADDRESS	116 OAK LAKE RD		5.3 STREET ADDRESS	4335 South Lakes Circle	
CITY-ST-ZIP	MELBOURNE FL 32901		5.4 CITY-ST-ZIP	Melbourne FL. 32901	
TITLE	~~PD~~ Director	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, DAVID		6.2 NAME		
STREET ADDRESS	225 CYRSTAL LAKE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Lovie E. ZAGO Lovie E. ZAGO 2-19-99 (407)729-8011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #