2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90490 039 ****61.25

DOCUMENT # N35903

1. Entity Name

SOUTH LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4331 SILVER LAKE MELBOURNE FL 32901	P O BOX 2548 MELBOURNE FL 32902-2548

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 Oak Lake Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne FL	City & State
Zip: 32901 Country: Brevard	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KINBERG, EDWARD J 2101 S. WAVERLY PL., SUITE 200-E MELBOURNE FL 32901	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALMER, RUSSELL 283 TWIN LAKES RD MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Barber, Lynn 200 Oak Lake Rd. Melbourne FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAINWATER, ALLEN 249 OAK LAKE RD MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Salber, Ina-marie 4331 Silver Lake Drive Melbourne FL 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAGO, LOVIE 4323 BLUE LAKE DR MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Shepard, Mike 189 Crystal Lake Rd. Melbourne FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T INA-MARIE, SALBER 4331 SILVER LAKE DR MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Beaudoin, Donald 280 Oak Lake Rd. Melbourne FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, NICK 4335 SOUTH LAKES CIRCLE MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KELLY, KATHY 4370 SILVER LAKE DR MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn Barber REQUIRED Barber 3/2/01 (321) 729-6573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #