# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 06, 2002 8:00 am**
**Secretary of State**
03-06-2002 90082 023 ****61.25

DOCUMENT # N35903

1. Entity Name

SOUTH LAKES HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 200 OAK LAKE RD.<br>MELBOURNE FL 32901 | P O BOX 2548<br>MELBOURNE FL 32902-2548 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | 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**

KINBERG, EDWARD J
2101 S. WAVERLY PL., SUITE 200-E
MELBOURNE FL 32901

**7. Name and Address of New Registered Agent**

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<br>PALMER, RUSSELL<br>283 TWIN LAKES RD<br>MELBOURNE FL 32901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>RAINWATER, ALLEN<br>249 OAK LAKE RD<br>MELBOURNE FL 32901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BARBER, LYNN<br>200 OAK LAKE RD.<br>MELBOURNE FL 32901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>INA-MARIE, SALBER<br>4331 SILVER LAKE DR<br>MELBOURNE FL 32901 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>BAZER, LARRY<br>4351 SILVER LAKE DRIVE<br>MELBOURNE, FL 32901 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SHEPARD, MIKE<br>189 CRYSTAL LAKE RD.<br>MELBOURNE FL 32901 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>☐ Change ☒ Addition<br>COSTANTINI, DIANE<br>217 OAK LAKE ROAD<br>MELBOURNE, FL 32901 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KELLY, KATHY<br>4370 SILVER LAKE DR<br>MELBOURNE FL 32901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Diane Costantini Diane Costantini 2-24-2002 321-723-6368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #