

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90253 013 ****61.25

DOCUMENT # N35903

1. Entity Name

SOUTH LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**200 OAK LAKE RD.
MELBOURNE FL 32901**

Mailing Address

**P O BOX 2548
MELBOURNE FL 32902-2548**

90002488



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

217 OAK LAKE RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

Zip

32901

Country

US

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **PALMER, RUSSELL**
STREET ADDRESS **283 TWIN LAKES RD**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **S** ☐ Delete
NAME **RAINWATER, ALLEN**
STREET ADDRESS **249 OAK LAKE RD**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **T** ☒ Delete
NAME **BARBER, LYNN**
STREET ADDRESS **200 OAK LAKE RD.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Delete
NAME **BAZER, LARRY**
STREET ADDRESS **4331 SILVER LAKE DR**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **T** ☒ Delete
NAME **SHEPARD, MIKE**
STREET ADDRESS **217 OAL LAKE RD**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **P** ☐ Delete
NAME **KELLY, KATHY**
STREET ADDRESS **4370 SILVER LAKE DR**
CITY-ST-ZIP **MELBOURNE FL 32901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **BEAUDOIN, DONALD**
STREET ADDRESS **280 OAK LAKE RD.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **COSTANTINI, DIANE**
STREET ADDRESS **217 OAK LAKE RD.**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **PHILLIP GODELIAS**
STREET ADDRESS **233 OAK LAKE RD.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (10/02)

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** **1/13/03** **321-723-6368**