

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N44404** (4)

1. Corporation Name  
**SOUTH LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2641 HASTATE CT.  
MIDDLEBURG FL 32068  
US**

Mailing Address  
**2641 HASTATE CT.  
MIDDLEBURG FL 32068  
US**

3. Date Incorporated or Qualified **07/22/1991**  
3a. Date of Last Report **11/08/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3079360</b>	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 <b>2654 Hemlock Ct.</b>	27 <b>2654 Hemlock Ct.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 <b>Middleburg, FL</b>	28 <b>Middleburg, FL</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 <b>32068</b>	25 <b>USA</b>	29 <b>32068</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent <b>KRAMER, STARLING H JR 2641 HASTATE CT. MIDDLEBURG FL 32068</b>		10. Name and Address of New Registered Agent	
81 Name	<b>BEKKUM, ELDON L.</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2654 HEMLOCK CT.</b>		
83			
84 City	<b>MIDDLEBURG</b>	85 State	<b>FL</b>
		86 Zip Code	<b>32068</b>

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: Eldon L. Bekkum, ELDON L. BEKKUM, TREASURER, 4/18/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KRAMER, STARLING H JR 2641 HASTATE CT. MIDDLEBURG FL 32068	11 TITLE	P/D ELDER, JENNIFER 1801 LAKE EDGE DR. MIDDLEBURG, FL 32068
NAME	VD JOHNSTON, DAVE 2645 HEMLOCK CT. MIDDLEBURG FL 32068	12 NAME	V/D BARR, TOM 2640 HEMLOCK CT. MIDDLEBURG, FL 32068
STREET ADDRESS	TD BOAGEY, WILLIAM 2654 HASTATE CT. MIDDLEBURG FL 32068	21 TITLE	T/D BEKKUM, ELDON 2654 HEMLOCK CT. MIDDLEBURG, FL 32068
CITY-ST-ZIP	SD RAMCKHORST, PATTY 1817 SOUTH LAKE MIDDLEBURG FL 32068	22 NAME	S/D BROWN, FREIDA 2641 HEMLOCK CT. MIDDLEBURG, FL 32068
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Eldon L. Bekkum, ELDON L. BEKKUM, 4/18/96 904-777-2311  
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E037 (12/95)

REB  
5-17-96