

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
**2654 HEMLOCK COURT MIDDLEBURG FL 32068 US** **2654 HEMLOCK COURT MIDDLEBURG FL 32068-6613 US**

3. Date Incorporated or Qualified **07/22/1991** 3a. Date of Last Report **05/17/1996**  
4. FEI Number **59-3078360** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

**BEKKUM, ELDON L  
2654 HEMLOCK COURT  
MIDDLEBURG FL 32068**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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, 3/4/97**  
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDER, JENNIFER	1.2 NAME	BARR, TOM
STREET ADDRESS	1801 LAKE EDGE DRIVE	1.3 STREET ADDRESS	2640 HEMLOCK CT.
CITY-ST-ZIP	MIDDLEBURG FL 32068	1.4 CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, TOM	2.2 NAME	JOHNSTON, DAVE
STREET ADDRESS	2640 HEMLOCK CT.	2.3 STREET ADDRESS	2645 HEMLOCK CT.
CITY-ST-ZIP	MIDDLEBURG FL 32068	2.4 CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEKKUM, ELDON	3.2 NAME	
STREET ADDRESS	2654 HEMLOCK COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, FRIEDA	4.2 NAME	CAMBON, SUE
STREET ADDRESS	2641 HEMLOCK COURT	4.3 STREET ADDRESS	1833 SOUTH LAKE DR.
CITY-ST-ZIP	MIDDLEBURG FL 32068	4.4 CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Eldon L. Bekkum, **ELDON L. BEKKUM, 3/4/97** 904-777-2311  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0000000000

CR2E037 (9/96)