

FILE NOW: FILING FEE IS \$61.25

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Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44404 (4)**  
1. Corporation Name  
**SOUTH LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>2654 HEMLOCK COURT MIDDLEBURG FL 32068 US</b>	Mailing Address <b>2654 HEMLOCK COURT MIDDLEBURG FL 32068 US</b>
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3. Date incorporated or Qualified <b>07/22/1991</b>	
4. FEI Number <b>59-3079360</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Country	28 Zip Country
24	29
25	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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, DAVE	
STREET ADDRESS	2645 HEMLOCK CT	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARR, TOM	
STREET ADDRESS	2640 HEMLOCK CT.	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BEKKUM, ELDON	
STREET ADDRESS	2654 HEMLOCK COURT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAMBRON, SUE	
STREET ADDRESS	1833 SOUTH LAKE DR	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELI Bekkum	
1.3 STREET ADDRESS	2654 Hemlock Court	
1.4 CITY-ST-ZIP	Middleburg, FL 32068	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mike Graber	
2.3 STREET ADDRESS	2645 HASTATE COURT	
2.4 CITY-ST-ZIP	Middleburg, FL 32068	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T.D. CAMBRON	
3.3 STREET ADDRESS	1833 Southlake Drive	
3.4 CITY-ST-ZIP	Middleburg, FL 32068	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sue CAMBRON	
4.3 STREET ADDRESS	1833 Southlake Dr	
4.4 CITY-ST-ZIP	Middleburg, FL 32068	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: P. D. Cambron T. D. CAMBRON 3-15-98 904-633-4598

CR2E037 (10/97)