FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44404

1. Corporation Name

SOUTH LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2654 HEMLOCK COURT MIDDLEBURG FL 32068 Mailing Address

2654 HEMLOCK COURT MIDDLEBURG FL 32068 FILED
Mar 06, 1999 8:00 am §
Secretary of State

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21 Principal P	26				-		07/22/1991				
Suite, Apt.	#, etc.		, Apt. #, etc.	 -		1 '	FEI Number		A	pplied For	
22		27] :	59-3079360		N	ot Applicable	
City & Stat	te .	+	3 State			-	0.47.4.4.00.1.00.1.00.1.1		\$8.75	Additional	
23	28					5. Certificate of Status Desired Fee Requ					
Zip	Country Zip Cou				6. Election Campaign Financing \$5.00 Ma						
24	25 29 30					Trust Fund Contribution Added to					
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name					Į	
BEKKUM, ELDON L					82 Street Address (P.O. Box Number is Not Acceptable)						
2654 HEMLOCK COURT											
MIDDLEBURG FL 32068					83						
	5			84	84 City 85 Zip Code						
					City			FL	1 1		
11. Pursuant	to the provisions of Sections 617.0502	and 617.150	8, Florida Statutes,	the above	-named corpor	oration	submits this statement for the	purpose of o	changing its	s registered	
office or r	registered agent, or both, in the State of im (anilier with, and accept the obligation)	norida. Suc hs.of, Sectio	on 617.0503, Florida	orized by a Statutes.	ine corporation	n s ooa	ard or directors. I hereby accep	t the appoin	MIICH AS I	agistered i	
SIGNATURE	Cl Val Fel	ν_{-}	Presid		+-		2	//6/9	79	•	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicat			signature required v			DATE			
12.	OFFICERS AND	DIRECTOR		13.			DDITIONS/CHANGES TO OF	ICERS AN			
TITLE	PD		☐ DELETE	1.1 TITLE	74		O. leterra		☐ Change	Addition '	
NAME	Bekkum, eli			1.2 NAME	E1	li_	Dekkum, C+				
STREET ADORESS	2654 HEMLOCK CT		!	1.3 STREET			4 Hemlock Ct				
CITY-ST-ZIP	MIDDLEBURG FL 32068			1.4 CITY-\$7	-ZIP M	.40	lle burg, FL 3	32068	<u> </u>		
TITLE	VD		DELETE	2.1 TITLE	VD		0		Change	Addition	
NAME	GRABER, MIKE		•	2.2 NAME	\W.	ik e	GRABER			ł	
STREET ADORESS	2645 HASTATE CT			23 STREET	ADD11440		HASTATE-CT	- •	ب برینسب.م <i>د</i> ه	~ -	
CITY-ST-ZIP	MIDDLEBURG FL 32068		!	2. 4 CITY-S	$r_{\text{-ZIP}} \mid \mathcal{M}_{i}$	199	leburg, FL	3206	8		
TITLE	TD		☐ DELETE	3.1 TITLE	T				Change	☐ Addition	
NAME	CAMBRON, T.D.		!	3.2 NAME	1-7	D	CAMBRON,	_		ĺ	
STREET ADDRESS				3.3 STREET	ADDRESS 18	833	3 South lake	DR		J	
CITY-ST-ZIP	MIDDLEBURG FL 32068			3.4. CITY-S				3206	8	ŀ	
TITLE	SO		☐ DELETE	4.1 TITLE	S				Change	☐ Addition	
NAME	CAMBRON, SUE			4. 2 NAME	12.	.11	Andrews		•	,	
STREET ADDRESS	1833 SOUTH LAKE DR		ĺ	4.3 STREET	ADDRESS / 18	15	LAKE Edge Di	c			
CTTY-ST-ZIP	MIDDLEBURG FL 32068			4.4 CITY-ST	.zip M.	. dd	leburg FL 3:	2068			
TITLE	THIS DECEMENT OF SECOND		DELETE	5.1 TITLE		,	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		☐ Change	Addition	
NAME			!	5.2 NAME					•		
STREET ADDRESS				5.3 STREET	ADDRESS						
CITY-ST-ZIP			!	5.4 CITY-ST	-ZIP						
TITLE			DELETE	6.1 TITLE					☐ Change	Addition	
NAME	}		<u> </u>	6.2 NAME						_ " "	
				6.3 STREET	ADORESS						
STREET ADDRESS					70					}	

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 chapped, or on any attachment with an address, with all other like empowered.

SIGNATURE:

2/12/99 904-633-4598

(2E037 (11/98) ***