

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -6 AM 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761421 (7)
1. Corporation Name
SOUTH LAKE HOLDEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
4609 JUDY COURT
P.O. BOX 593382
ORLANDO FL 32839
US

Mailing Address
4609 JUDY COURT
P.O. BOX 593382
ORLANDO FL 32839
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/12/1982

3a. Date of Last Report
04/28/1994

4. FEI Number
59-2342165

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 4402 Brandeis Av.
Suite, Apt. # etc.
22
City & State
23 Orlando, FL 32839
Zip
24 32839
Country
25 Orange
26 P.O. Box 593382
Suite, Apt. # etc.
27
City & State
28 ORLANDO, FL
Zip
29 32839-3382
Country
30 USA

9. Name and Address of Current Registered Agent
CLICK, DORIS
228 DOOLITTLE ST
ORLANDO FL 32839

10. Name and Address of New Registered Agent
81 Name
EDWARD A. YOUNG III
82 Street Address (P.O. Box Number is Not Acceptable)
4402 Brandeis Ave
83
84 City
ORLANDO
FL
85 Zip Code
32839

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Edward A. Young III 01 April 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature and title are required.) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TD	KENDALL, LORRAINE	4609 JUDY COURT	ORLANDO FL
VD	CLICK, DORIS	228 DOOLITTLE ST	ORLANDO FL
VD	SCINTA, EDWINA	4405 FORRESTAL	ORLANDO FL
SD	WEAKS, JAN	209 HALSEY ST	ORLANDO FL
PD	YOUNG, JEAN	4402 BRANDEIS AVE	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
1.1 TITLE	TD	Edward Young	
1.2 NAME	4402 Brandeis Av.		
1.3 STREET ADDRESS	Orlando FL 32839		
1.4 CITY - ST - ZIP			
2.1 TITLE	VD	Evelyn Ritter	
2.2 NAME	101 Krueger St.		
2.3 STREET ADDRESS	Orlando FL 32839		
2.4 CITY - ST - ZIP			
3.1 TITLE	VD	Peter Marcus	
3.2 NAME	4326 Ilene Ct.		
3.3 STREET ADDRESS	Orlando FL 32839		
3.4 CITY - ST - ZIP			
4.1 TITLE	SD	Sharon Farmer	
4.2 NAME	306 Doolittle St.		
4.3 STREET ADDRESS	Orlando 32839		
4.4 CITY - ST - ZIP			
5.1 TITLE	PD	Charlotte Keiter	
5.2 NAME	4102 Brandeis Av		
5.3 STREET ADDRESS	Orlando FL 32839		
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charlotte Keiter Charlotte Keiter (407) 898-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)