

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



Principal Place of Business Mailing Address
**4402 BRANDEIS AV
P.O. BOX 593382
ORLANDO FL 32839
US** **P O BOX 593382
P.O. BOX 593382
ORLANDO FL 32859-3382
US**

2. Principal Place of Business 2a. Mailing Address
21 **4402 Brandeis Ave** 26 **P.O. Box 561640**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Orlando, FL** 28 **Orlando, FL**
Zip Country Zip Country
24 **32839-1468** 25 **Orange** 29 **32856-1640** 30 **USA**

3. Date Incorporated or Qualified **01/12/1982** 3a. Date of Last Report **04/06/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
**YOUNG, III E A
4402 BRANDEIS AVE
ORLANDO FL 32839**
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 *Edward A. Young III* **Edward A. Young III Treasurer March 15, 1996**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent Signature required when re-registering.) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD YOUNG, EDWARD	1.2 NAME	
STREET ADDRESS	4402 BRANDEIS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD RITTER, EVELYN	2.2 NAME	
STREET ADDRESS	101 KRUEGER ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD MARCUS, PETER	3.2 NAME	
STREET ADDRESS	4338 ILENE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD FARMER, SHARON	4.2 NAME	
STREET ADDRESS	306 DOOLITTLE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD KEITER, CHARLOTTE	5.2 NAME	
STREET ADDRESS	4102 BRANDEIS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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 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: *Charlotte Kistu* **March 15, 1996 (407) 898-5060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)