

# 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**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22**  
City & State City & State  
**23 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

**YOUNG, III E A**  
**4402 BRANDEIS AVE**  
**ORLANDO FL 32839**

## 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 *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 reinstating.) DATE:

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME **TD YOUNG, EDWARD**  
STREET ADDRESS **4402 BRANDEIS AVE**  
CITY-ST-ZIP **ORLANDO FL**  
TITLE ☐ DELETE  
NAME **VD RITTER, EVELYN**  
STREET ADDRESS **101 KRUEGER ST**  
CITY-ST-ZIP **ORLANDO FL**  
TITLE ☐ DELETE  
NAME **VD MARCUS, PETER**  
STREET ADDRESS **4338 ILENE CT**  
CITY-ST-ZIP **ORLANDO FL**  
TITLE ☐ DELETE  
NAME **SD FARMER, SHARON**  
STREET ADDRESS **306 DOOLITTLE ST**  
CITY-ST-ZIP **ORLANDO FL**  
TITLE ☐ DELETE  
NAME **PD KEITER, CHARLOTTE**  
STREET ADDRESS **4102 BRANDEIS AVE**  
CITY-ST-ZIP **ORLANDO FL**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
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 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)