

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **760674** (2)
1. Corporation Name
SOUTHLAKE I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1 VIA DE CASAS SUR
BOYNTON BEACH FL 33426**

Mailing Address
**1 VIA DE CASAS SUR
BOYNTON BEACH FL 33426**

3. Date Incorporated or Qualified **11/13/1981** 3a. Date of Last Report **04/05/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

4. FEI Number **59-215 7871** 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

**ASSOCIATED PROPERTY MGMT.
400 S. DIXIE HWY
SUITE 10
LAKE WORTH FL 34460**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P HARTLEY, RAY**
STREET ADDRESS **3 VIA DE CASAS SUR #103**
CITY-ST-ZIP **BOYNTON BEACH FL**
TITLE ☒ DELETE
NAME **HARTLEY, JUDITH**
STREET ADDRESS **3 VIA DE CASAS SUR #103**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**
TITLE ☐ DELETE
NAME **BOBBIE SANDRA**
STREET ADDRESS **3 VIA DE CASAS SUR #104**
CITY-ST-ZIP **BOYNTON BEACH FL**
TITLE ☒ DELETE
NAME **SMITH, KEVIN**
STREET ADDRESS **2 VIA DE CASAS SUR**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 **UD Melvin Gold Farb**
2.3 STREET ADDRESS **2 Via de Casas Sur, #103**
2.4 CITY-ST-ZIP **Boynton Beach, FL**
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 **D Cindy Constantini Ordini**
4.3 STREET ADDRESS **3 Via de Casas Sur, #201**
4.4 CITY-ST-ZIP **Boynton Beach, FL**
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D Ann Noble**
5.3 STREET ADDRESS **3 Via de Casas Sur, #101**
5.4 CITY-ST-ZIP **Boynton Beach, FL**
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:

Raymond L Hartley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

Date

Daytime Phone #

CR2E037 (12/95)