

FILE NOW: FILING FEE IS \$61.25

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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730117** (9)  
1. Corporation Name  
**SKY LAKE SOUTH HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business P.O. BOX 593850 ORLANDO FL 32877-0310 US	Mailing Address PO BOX 770310 ORLANDO FL 32877-0310 US
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3. Date Incorporated or Qualified <b>07/01/1974</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-1690441</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BEROCAL, BERENICE 11476 DARLINGTON DRIVE ORLANDO FL 32837</b>		10. Name and Address of New Registered Agent 81 Name <b>Angelia Gordon</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4030 Dion Dr</b> 83 84 City <b>Orlando</b> FL 85 Zip Code <b>32808</b>	
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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 *Angelia Gordon* 4/22/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b> <input checked="" type="checkbox"/> DELETE	NAME <b>KREIDT, STEVE</b>	1.1 TITLE <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Roni Marowitz,</b>
STREET ADDRESS <b>3180 BURLINGTON DRIVE</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	1.2 NAME	STREET ADDRESS <b>2840 Grand Bend Ct.</b>
TITLE <b>TD</b> <input checked="" type="checkbox"/> DELETE	NAME <b>WILLE, JOHN J</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP <b>Orlando, FL</b>
STREET ADDRESS <b>14005 OROYDEN WAY</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	2.1 TITLE <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME
TITLE <b>VD</b> <input type="checkbox"/> DELETE	NAME <b>CABLE, MARK</b>	2.3 STREET ADDRESS <b>Susan Bates,</b>	2.4 CITY-ST-ZIP <b>2305 TOWER BRIDGE ST. Orlando, FL</b>
STREET ADDRESS <b>2631 VERGO COURT</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	3.1 TITLE	3.2 NAME
TITLE <b>SD</b> <input checked="" type="checkbox"/> DELETE	NAME <b>BEROCAL, BERENICE</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS <b>11476 DARLINGTON DRIVE</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	4.1 TITLE	4.2 NAME
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME <b>DAY, ROBERT W</b>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS <b>2701 GUNBURY ST.</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	5.1 TITLE	5.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018298

CFR2E037 (9/96)