

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 30 1997 8:00am
Secretary of State

DOCUMENT # 761421 (7)

1. Corporation Name

SOUTH LAKE HOLDEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4402 BRANDEIS AV
ORLANDO FL 32839
US

P O BOX 593382
ORLANDO FL 32859-3382
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/12/1982

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 561640

4. FEI Number
59-2342165

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

28 City & State
Orlando, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country

29 32856-1640m 30 USA

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME YOUNG, EDWARD
STREET ADDRESS 4402 BRANDEIS AVE
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME RITTER, EVELYN
STREET ADDRESS 101 KRUEGER ST
CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Bill Smith
2.3 STREET ADDRESS 3815 Milford St
2.4 CITY-ST-ZIP Orlando, FL 32839

TITLE ☒ DELETE
NAME MARCUS, PETER
STREET ADDRESS 4336 ILENE CT
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VD George Nader
3.3 STREET ADDRESS 425 Mac Arthur Dr
3.4 CITY-ST-ZIP Orlando, FL 32839

TITLE ☒ DELETE
NAME FARMER, SHARON
STREET ADDRESS 306 DOOLITTLE ST
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME SD Joyce Rabe
4.3 STREET ADDRESS 3914 Brandeis Ave
4.4 CITY-ST-ZIP Orlando, FL 32839

TITLE ☐ DELETE
NAME KEITER, CHARLOTTE
STREET ADDRESS 4102 BRANDEIS AVE
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 REQUIRED

CR2E037 (4/97)