



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90274 014 ****70.00

DOCUMENT # 761421 1. Entity Name SOUTH LAKE HOLDEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 301 STIMSON ORLANDO, FL 32839 US			Mailing Address PO BOX 561640 ORLANDO, FL 32856-1640 US		
2. Principal Place of Business 4108 BRANDEIS AVE Suite, Apt. #, etc. ORLANDO City & State FL Zip 32839		3. Mailing Address PO BOX 561640 Suite, Apt. #, etc. ORLANDO City & State FL Zip 32856-1640			
Country US		Country US		02242005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2342165				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MORRIS, KATHY 301 STIMSON STREET ORLANDO, FL 32839	
7. Name and Address of New Registered Agent Name CAROLYN A. DUKE Street Address (P.O. Box Number is Not Acceptable) 4108 BRANDEIS AVE. City ORLANDO State FL Zip Code 32839				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Carolyn A. Duke</i> CAROLYN A. DUKE 2/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCER, JIM 4507 JUDY CT ORLANDO, FL 32839	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RABE, JOYCE 3914 BRANDEIS AVE. ORLANDO, FL 32839	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEITER, CHARLOTTE 4102 BRANDEIS AVE. ORLANDO, FL 32839	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REED, BECKY 3819 BRANDEIS AVE ORLANDO, FL 32839	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, KATHY 301 STIMSON ST. ORLANDO, FL 32839	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAWN PICKERING 4112 BRADLEY AVE ORLANDO, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROLYN A. DUKE 4108 BRANDEIS AVE ORLANDO, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Carolyn A. Duke</i> 2/28/05 407-826-4283 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					