2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 761421

1. Entity Name
SOUTH LAKE HOLDEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4108 BRANDEIS AVE ORLANDO, FL 32839 US	PO BOX 561640 ORLANDO, FL 32856-1640 US

DO NOT WRITE IN THIS SPACE

02102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2342165

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUKE, CAROLYN A
4108 BRANDEIS AVE
ORLANDO, FL 32839

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	SPENCER, JIM
STREET ADDRESS	4507 JUDY CT
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	SD
NAME	PICKERING, DAWN
STREET ADDRESS	4112 BRADLEY AVE
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	VD
NAME	KEITER, CHARLOTTE
STREET ADDRESS	4102 BRANDEIS AVE.
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	VD
NAME	REED, BECKY
STREET ADDRESS	3819 BRANDEIS AVE
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	TD
NAME	DUKE, CAROLYN A
STREET ADDRESS	4108 BRANDEIS AVE
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/06-80004-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carolyn A. Duke CAROLYN A. DUKE 3/13/06 407-896-4283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #