

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90033 013 ****61.25

DOCUMENT # 760674 1. Entity Name SOUTHLAKE I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1 VIA DE CASAS SUR BOYNTON BEACH, FL 33426			Mailing Address BANYAN PROPERTY MANAGEMENT 2328 S CONGRESS AVE, SUITE 1C WEST PALM BEACH, FL 33406 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2157871	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DICKER-KRIVOK & STOLOFF, PA 1818 AUSTRALIAN AVE SOUTH SUITE 400 WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name Hilley & Wyant - Cortez PA Street Address (P.O. Box Number is Not Acceptable) 860 US HWY one Suite 108 City NPB FL Zip Code 33408		
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 <u><i>V. Clark Wyant-Cortez</i></u> <u><i>V. CLARK WYANT-CORTEZ, Pres 2/21/08</i></u> Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 WHEELEN, LOUISE 3 VIA DE CASAS SUR #102 BOYNTON BEACH, FL 33426	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Louise W. Heelen 3 Via de Casas Sur #102 Boynton Beach FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRIEDRICH, CHRISTINE 2 VIA DE CASAS SUR #103 BOYNTON BEACH, FL 33426	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONLEY-SHEA J 3 VIA DE CASA SUR # 202 BOYNTON BEACH, FL 33426	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jenni For Shea Conley 3 Via De Casas Sur #202 Boynton Beach, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FETTUCCIA, PAM 1 VIA DE CASAS SUR #103 BOYNTON BEACH, FL 33426	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRATH, DEBBIE 1 VIA DE CASA SUR # 104 BOYNTON BEACH, FL 33426	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBBE, SANDRA J 3 VIA DE CASA SUR # 104 BOYNTON BEACH, FL 33426	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u><i>Louise Whelen</i></u> - LOUISE WHEELEN 3-4-08 - 561-733-6773 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50000514



02132008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

☐ \$8.75 Additional
Fee Required

Name **Hilley & Wyant - Cortez PA**

Street Address (P.O. Box Number is Not Acceptable)

860 US HWY one Suite 108

City **NPB** **FL** Zip Code **33408**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	WHEELEN, LOUISE	
STREET ADDRESS	3 VIA DE CASAS SUR #102	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	VP	☐ Delete
NAME	FRIEDRICH, CHRISTINE	
STREET ADDRESS	2 VIA DE CASAS SUR #103	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	SD	☐ Delete
NAME	CONLEY-SHEA J	
STREET ADDRESS	3 VIA DE CASA SUR # 202	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	☒ Delete
NAME	FETTUCCIA, PAM	
STREET ADDRESS	1 VIA DE CASAS SUR #103	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	☒ Delete
NAME	MCGRATH, DEBBIE	
STREET ADDRESS	1 VIA DE CASA SUR # 104	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	☒ Delete
NAME	BOBBE, SANDRA J	
STREET ADDRESS	3 VIA DE CASA SUR # 104	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☒ Change ☐ Addition
NAME	Louise W. Heelen	
STREET ADDRESS	3 Via de Casas Sur #102	
CITY-ST-ZIP	Boynton Beach FL 33426	
TITLE	Vice President	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	☐ Change ☐ Addition
NAME	Jenni For Shea Conley	
STREET ADDRESS	3 Via De Casas Sur #202	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Louise Whelen* - LOUISE WHEELEN 3-4-08 - 561-733-6773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #