

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 505654

1. Entity Name  
SOUTH LAKE APARTMENTS, INC.



Principal Place of Business  
543 W. KALMIA DRIVE  
LAKE PARK, FL 33403

Mailing Address

543 W. KALMIA DRIVE  
LAKE PARK, FL 33403

2. Principal Place of Business - No P.O. Box #  
530 W. KALMIA DRIVE

3. Mailing Address  
530 W. KALMIA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
LAKE PARK, FL 33403

City & State  
LAKE PARK, FL 33403

Zip

Zip

Country

6. Name and Address of Current Registered Agent

MOWERS, MARY T.  
543 W. KALMIA DRIVE  
LAKE PARK, FL

Name  
MOWERS, MARY T.

Street Address (P.O. Box Number is Not Acceptable)  
530 WEST KALMIA DRIVE

City  
LAKE PARK

FL  
Zip Code  
33403

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 *Mary T. Mowers* MARY T MOWERS TREAS-SEC  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE *4/24/08*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOWERS, TERRY G. 543 W. KALMIA DR. LAKE PARK FL,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOWERS, TERRY G. 530 W. KALMIA DR. LAKE PARK, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOWERS, ANNE E. 543 W. KALMIA DR. LAKE PARK FL,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOWERS, ANNE E. 530 W. KALMIA DR. LAKE PARK, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOWERS, MARY 543 W. KALMIA DR. LAKE PARK FL,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOWERS, MARY 530 W. KALMIA DR. LAKE PARK, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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 607, 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: *Terry Mowers Terry Mowers* Date *4/24/08* Daytime Phone # *561-845-6320*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR