


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90378 039 ***150.00

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		4. FEI Number 59-1681531	
Zip 33403		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOWERS, MARY T. 543 W. KALMIA DRIVE LAKE PARK, FL			7. Name and Address of New Registered Agent 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: <u><i>Mary T. Mowers</i></u> MARY T MOWERS TREAS-SEC <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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. <input type="checkbox"/> \$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	VP MOWERS, ANNE E. 543 W. KALMIA DR. LAKE PARK, FL.	<input type="checkbox"/> Delete			
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	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. 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 530 W. KALMIA DR. LAKE PARK, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOWERS, TERRY G. 530 W. KALMIA DR. LAKE PARK, FL.	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOWERS, ANNE E. 530 W. KALMIA DR. LAKE PARK, FL.	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOWERS, MARY 530 W. KALMIA DR. LAKE PARK, FL.	<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: <u><i>Terry Mowers</i></u> Terry Mowers 4/24/08 561-845-6320 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					