

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 730117 (9)  
1. Corporation Name  
**SKY LAKE SOUTH HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
P.O. BOX 593850 ORLANDO FL 32859-3850 P.O. BOX 593850 ORLANDO FL 32859-3850

2. Principal Place of Business 21 P.O. Box 770310		2a. Mailing Address 26 P.O. Box 770310		3. Date Incorporated or Qualified 07/01/1974		3a. Date of Last Report 05/01/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-1690441		Applied For Not Applicable	
23 City & State Orlando, FL		28 City & State Orlando, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 32877-0310		25 Country USA		29 Zip 32877-0310		30 Country USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

DAMRON, JOHN A  
3105 CARTHAGE COURT  
ORLANDO FL 32837

81 Name Berenice Berrocal	82 Street Address (P.O. Box Number is Not Acceptable) 11476 Darlington Drive
83	
84 City Orlando	85 Zip Code FL 32837

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Berenice Berrocal* - Berenice Berrocal 4/28/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DAMRON, JOHN A 3105 CARTHAGE COURT ORLANDO FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Steve Kreidt 3180 Burlington Drive Orlando, FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLE, JOHN J 11005 CROYDEN WAY ORLANDO FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RAMOS, JEAN 2858 GRAND BEND COURT ORLANDO FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VD Mark Cable 2631 Vergo Court Orlando, FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, C LINDA 11310 ASHBORO DR. ORLANDO FL 32387 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	SD Berenice Berrocal 11476 Darlington Drive Orlando, FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAY, ROBERT W 2701 SUNBURY ST. ORLANDO FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BLAESS, EILEEE 11406 HAYMARKET COURT ORLANDO FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Berenice Berrocal* - Berenice Berrocal 4/28/96 859-9343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)