

FILE NOW:

FILED
Jun 11 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 199		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746491

1. Corporation Name
SOUTH LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.,

Principal Place of Business The Timberlake Group, Inc., 5050 N.W. 74th. Avenue, Miami, Florida 33166.	Mailing Address The Timberlake Group, Inc., 5050 N.W. 74th. Avenue, Miami, Florida 33166.
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/26/1979	3a. Date of Last Report
4. FEI Number 59-1985832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite Apt. #, etc 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

Mr. Robert A. Dugger,
The Timberlake Group, Inc.,
5050 N.W. 74th. Avenue,
Miami, Florida 33166.

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 regulations of Section 607.0505, Florida Statutes.

SIGNATURE:  ROBERT A. DUGGER 4-24-97 DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME Shanon Summers
STREET ADDRESS 8475 S.W. 156 Court,	CITY-ST-ZIP Miami, Florida 33193
TITLE TD	NAME Lydia Herrera,
STREET ADDRESS 15685 S.W. 84 Terrace,	CITY-ST-ZIP Miami, Florida 33193.
TITLE VPD	NAME Richard C. Katz,
STREET ADDRESS 8435 S.W. 156 Court,	CITY-ST-ZIP Miami, Florida 33193.
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	900002212679
54 CITY-ST-ZIP	-06/16/97--01043--006
	***170.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 located 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  4-24-97 (305) 593 1141 DATE Daytime Phone #