FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name (4)					
SOUTH	H LAKE VILLAS CONDOMIN	NUM ASSOCIATION, I	NC.		I kadiyi ciran birlir dirin dirin dirin dirin birlir dirin dirin dirin dirin dirin dirin kadin birin birin biri
Principal Plac		Mailing Address			
THE TIMBERLAKE GROUP, INC. 5050 N.W. 74TH AVE. MIAMI FL 33166		THE TIMBERLAKE GROUP, INC. 5050 N.W. 74TH AVE. MIAMI FL 33166		*.	3. Date Incorporated or Qualified 03/26/1979
(कार)सार रहत कर र	•	MINIMI IE ODIOV			4. FEI Number Applied For
2. Principal Piace of Business		2a. Mailing Address			59-1985832 Not Applicable
}		26			6. Certificate of Status Desired See Required Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22 27					Trust Fund Contribution Added to Fees
L '		City & State			7. is this nonprofit corporation a homeowners association?
23 Z _i p			Coun	itry	Yes No No This corporation owes or has paid the current year Intangible
24	25	29	30	,	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
				81 Name	
KANZIGER, ROBERT A.			Ī	82 Street Ac	Address (P.O. Box Number Is Not Acceptable)
THE TIMBERLAKE GROUP, INC. 5050 N.W. 74TH AVE.			7	83	
MIAMI F			L		
MAN MARIL 1	L 33100		[B4 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				ove-named co	
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	a of Horida. Such change was pations of, Section 617.0503, f	s authorizeu Florida Statu	by the corpo tes.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE		AL STATE			required when reinstating) DATE
12.	Signature, typed or pricited name of registered ag OFFICERS AN	OPENT AND THE IT APPRICABLE (NO.)	13.	Agent signature re-	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 1110	E	Change Addition
NAME	SUMMERS, SHANON		1.2 NAM	AE]	
STREET ADDRESS	8475 S.W. 156 CT.		1.3 STA	EET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	The state of the s
TITLE	TD NEODEDA LVOIA	☐ DELETE	2.1 11111		☐ Change ☐ Addition
NAME STREET ADDRESS	HERRERA, LYDIA I 15685 S.W. 84 TERR.		2.2 NAM	1	
STREET ADDRESS CITY-ST-20	MIAMI FL 33193			EET ADORESS Y-ST-ZIP	
TITLE	VPD	DELETE	3.1 TITL		Change Addition
NAME.	KATZ, RICHARD C		3.2 NAM	AÉ	
STIPLET ADDRESS	8435 S.W. 156 CT.		3.3 STR	EET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183			Y-ST-ZIP	
AGITLE		☐ DELETE	4.1 TITLE	i	Change Addition
STANE LODGEGG			4. 2 NAN		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP TITLE			5.1 TITLE	/-ST-ZIP .E	☐ Change ☐ Addition
NAME			5.2 NAM	- 1	
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP			5.4 CITY	(-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	E	☐ Change ☐ Addition
NAME			6.2 NAM	AE)	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Y

Mar 18 1998 8:00am

Secretary of State