

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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0032393

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 746451

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

Principal Place of Business
 9130 A. DADELAND BLVD., STE. 1705
 MIAMI FL 33156

Mailing Address
 9130 A. DADELAND BLVD., STE. 1705
 MIAMI FL 33156



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/26/1979	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1985832	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>	
KANZIGER, ROBERT A ESQ.				8.75 Additional Fee Required	
9130 S. DADELAND BLVD., STE. 1705				6. Election Campaign Financing <input type="checkbox"/>	
MIAMI FL 33156				Trust Fund Contribution \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				FL 85 Zip Code	

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SUMMERS, SHANON SHARON <input type="checkbox"/> DELETE	1.1 TITLE	SD ERICH STURM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8475 S.W. 156 CT.	1.2 NAME	8470 SW 156 CT #203
STREET ADDRESS	MIAMI FL 33193	1.3 STREET ADDRESS	MIAMI FLA 33193
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD HERRERA, LYDIA <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D BARBARA HAMILTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	15685 S.W. 84 TERR.	2.2 NAME	15675 SW 84 TR #920
STREET ADDRESS	MIAMI FL 33193	2.3 STREET ADDRESS	MIAMI FLA 33193
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD KATZ, RICHARD C <input type="checkbox"/> DELETE	3.1 TITLE	D JUDY MANNES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8435 S.W. 156 CT.	3.2 NAME	15675 SW 84 TR #902
STREET ADDRESS	MIAMI FL 33193	3.3 STREET ADDRESS	MIAMI FLA 33193
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/7/99 305-382-0600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SHANON SUMMERS PRESIDENT Date Daytime Phone #

CR2E037 (11/98)