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Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90044 025 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 760674

1. Corporation Name

SOUTHLAKE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1 VIA DE CASAS SUR
BOYNTON BEACH FL 33426

Mailing Address

ASSOC PROP MGMT
400 S DIXIE HWY #10
LAKEWORTH FL 33460
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/13/1981

4. FEI Number
59-2157871

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MGMT.
400 S. DIXIE HWY
SUITE 10
LAKE WORTH FL 34460

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HARTLEY, RAY
STREET ADDRESS 3 VIA DE CASAS SUR #103
CITY-ST-ZIP BOYNTON BEACH FL

TITLE VD
NAME GOLDFARB, MELVIN
STREET ADDRESS 2 VIA DE CASAS SUR #103
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D
NAME CONSTANTINIORDINI, CINDY
STREET ADDRESS 3 VIA DE CASA SUR #201
CITY-ST-ZIP BOYNTON BEACH FL

TITLE STD
NAME BOBBE, SANDRA
STREET ADDRESS 3 VIA DE CASASSUR, #104
CITY-ST-ZIP BOYNTON BCH FL

TITLE D
NAME JOHNSON, CAROL
STREET ADDRESS 3 VIA DE CASASSUR, #105
CITY-ST-ZIP BOYNTON BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)