


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90013 042 ****70.00

DOCUMENT # 761421

1. Entity Name
SOUTH LAKE HOLDEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4108 BRANDEIS AVE
 ORLANDO, FL 32839 US**

Mailing Address
**PO BOX 561640
 ORLANDO, FL 32856-1640 US**



2. Principal Place of Business - No P.O. Box #
4507 Judy Ct.

3. Mailing Address
 Suite, Apt. #, etc.

01212008 Chg-NP CR2E037 (12/06)

City & State
Orlando FL

City & State

Zip
32839

Country
USA

4. FEI Number
59-2342165

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURPHY, MAUREEN M
 3913 DEKALB DR.
 ORLANDO, FL 32839**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maureen M. Murphy* *Maureen M. Murphy* **4/1/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P	NAME JOHNSON, TAMMY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4817 BRANDEIS AVE	CITY-ST-ZIP ORLANDO, FL 32839	
TITLE VP	NAME PICKERING, DAWN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4112 BRADLEY AVE	CITY-ST-ZIP ORLANDO, FL 32839	
TITLE V	NAME WHEELER, JO	<input type="checkbox"/> Delete
STREET ADDRESS 3828 BAINBRIDGE AVE	CITY-ST-ZIP ORLANDO, FL 32839	
TITLE S	NAME GARY-GIBSON, VIVIAN	<input type="checkbox"/> Delete
STREET ADDRESS 303 DOOLITTLE ST	CITY-ST-ZIP ORLANDO, FL 32839	
TITLE TD	NAME MURPHY, MAUREEN M	<input type="checkbox"/> Delete
STREET ADDRESS 3913 DEKALB DR.	CITY-ST-ZIP ORLANDO, FL 32839	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maureen M. Murphy* **4/1/08** **407/855-6817**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #