2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N01000001322

Entity Name: SOUTH LAKE FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1220 LAUREL HAVEN CT
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PO BOX 121561
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3745188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIMM, RICHARD A
1220 LAUREL HAVEN CT
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: GRIMM, RICK
Address: 1220 LAUREL HAVEN CT.
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: DODDS, LISA
Address: 1323 ARBOR GLEN COURT
City-St-Zip: CLERMONT, FL 34711

Title: DT ( ) Delete
Name: KELLER, BARBARA
Address: 1363 BRIARHAVEN LANE
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete
Name: ROSENBAUM, LAURA
Address: 1346 BRIARHAVEN LANE
City-St-Zip: CLERMONT, FL 34711

Title: PD (X) Delete
Name: BANKER, BRAD W
Address: 1336 BRIARHAVEN LANE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRIMM, RICK
Address: 1220 LAUREL HAVEN CT.
City-St-Zip: CLERMONT, FL 34711

Title: DS (X) Change ( ) Addition
Name: CHRISTOPHER, KRISTIN
Address: 1245 BRENTWOOD DR
City-St-Zip: CLERMONT, FL 34711

Title: DT (X) Change ( ) Addition
Name: ROSENBAUM, LAURA
Address: 1346 BRIARHAVEN LANE
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD GRIMM PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date