


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State


DOCUMENT # N02000009710

1. Entity Name
SOUTH LAKE HOMES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 1740 COUNCIL DRIVE SUN CITY CENTER, FL 33573	Mailing Address PO BOX 5354 SUN CITY CENTER, FL 33571-5354
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01292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6196121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

HINES, JAMES P JR
 315 S HYDE PARK AVE
 TAMPA, FL 33606

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRIFFIN, WARREN W 1740 COUNCIL DRIVE SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PENDLETON, JOHN L 1732 COUNCIL DRIVE SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAW, CARROL 1750 COUNCIL DR SUN CITY CENTER, FL 33573
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: *Warren Griffin* **1/31/05** **813-634-6749**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #