


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000009710**  
 1. Entity Name  
**SOUTH LAKE HOMES PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 1744 COUNCIL DRIVE      PO BOX 5354  
 SUN CITY CENTER, FL 33573      SUN CITY CENTER, FL 33571-5354

**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-NP CR2E037 (4/06)

4. FEI Number      Applied For  
 59-6196121      Not Applicable

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

6. Name and Address of Current Registered Agent  
 HINES, JAMES P JR  
 315 S HYDE PARK AVE  
 TAMPA, FL 33606

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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 MARTIS, DIANE 1744 COUNCIL DR 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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 04/25/07-80030-015 61.25

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:** *Diane A. Martis*      4/13/07      813.633.2456  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*File # 12666 \$61.25 enclosed.*