

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009710

FILED  
Jan 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1744 COUNCIL DRIVE  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5354  
SUN CITY CENTER, FL 335715354

**New Mailing Address:**

FEI Number: 59-6196121      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HINES, JAMES P JR  
315 S HYDE PARK AVE  
TAMPA, FL 33606 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: DST ( ) Delete  
Name: MARTIS, DIANE  
Address: 1744 COUNCIL DR  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DV ( ) Delete  
Name: DECK, PATRICIA  
Address: 1736 COUNCIL DR  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DP ( ) Delete  
Name: SHAW, CARROL  
Address: 1750 COUNCIL DR  
City-St-Zip: SUN CITY CENTER, FL 33573

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DST (X) Change ( ) Addition  
Name: MARTIS, DIANE MRS  
Address: 1744 COUNCIL DR  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DV (X) Change ( ) Addition  
Name: LITTLE, PATRICIA MS  
Address: 1736 COUNCIL DR  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DP (X) Change ( ) Addition  
Name: SHAW, CARROL MR  
Address: 1750 COUNCIL DR  
City-St-Zip: SUN CITY CENTER, FL 33573

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: DIANE MARTIS

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DST

01/17/2009

\_\_\_\_\_ Date