

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90034 041 ****61.25

DOCUMENT # N03000010348

1. Entity Name
SOUTHLAKE PLAZA OWNERS ASSOCIATION, INC.



Principal Place of Business
**1 SLEIMAN PKWY STE 270
JACKSONVILLE, FL 32216**

Mailing Address
**1 SLEIMAN PKWY STE 270
JACKSONVILLE, FL 32216**

20031210



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032005

Chg-NP

CR2E037 (10/03)

4. FEI Number

42-1619500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, BERNARD-E
1 SLEIMAN PKWY STE 270
JACKSONVILLE, FL 32216**

7. Name and Address of New Registered Agent

Name

Peter D. Sleiman

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

1 Sleiman Parkway

Suite 270

City

Jacksonville

FL

Zip Code

32216

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

Signature, typed or printed name of registered agent and title if applicable.

Peter D. Sleiman

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-05

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

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 **D-** ☒ Delete
NAME **SMITH, BERNARD-E**
STREET ADDRESS **1 SLEIMAN PKWY STE 270**
CITY-ST-ZIP **JACKSONVILLE, FL-32216**

TITLE **D** ☐ Delete
NAME **MCAVITY, JAMES D**
STREET ADDRESS **1 SLEIMAN PKWY STE 270**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **D** ☐ Delete
NAME **MANCILLAS, PAMALA**
STREET ADDRESS **1 SLEIMAN PKWY STE 270**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Peter D. Sleiman

1/19/05

904/731-8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #