

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90013 018 ****61.25

DOCUMENT # N05000008239 1. Entity Name SOUTH LAKES LAND OWNERS ASSOCIATION, INC.			
Principal Place of Business 5695 9TH ST. SW VERO BEACH, FL 32968		Mailing Address 835 20TH PL VERO BEACH, FL 32960	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 1910 82nd Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 202	
City & State 		City & State Vero Beach, FL	
Zip 	Country 	Zip 32966	Country USA
4. FEI Number 59-2997279		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRILL, KAREN 835 20TH PL VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name James Adams Street Address (P.O. Box Number is Not Acceptable) 1910 82nd Ave Ste 202 City Vero Beach FL Zip Code 32966	
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: 1/16/08 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, 2008		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete ADAMS, PAUL 1910 82ND AVE STE 202 VERO BEACH, FL 32966	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete ADAMS, JAMES 1910 82ND AVE STE 202 VERO BEACH, FL 32966	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete PERNESIGLIO, LAURA 1910 82ND AVE STE 202 VERO BEACH, FL 32966	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:		Date: 1/16/08 Daytime Phone #:	

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