


# 2008 NON-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N06000008890</b>	
1. Entity Name <b>SOUTH LAKE CHARTER PTO INC.</b>	

Principal Place of Business <b>15220 HARTWOOD MARSH ROAD CLERMONT, FL 34711</b>	Mailing Address <b>15220 HARTWOOD MARSH ROAD CLERMONT, FL 34711</b>
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03062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>PRICE, SITA 15220 HARTWOOD MARSH ROAD CLERMONT, FL 34711</b>
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**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 *Sita Price* 3/7/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	<b>P PRICE, SITA 15220 HARTWOOD MARSH ROAD CLERMONT, FL 34711</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP NONE, NONE 15220 HARTWOOD MARSH ROAD CLERMONT, FL 34711</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEC GREGORY, RHONDA 15220 HARTWOOD MARSH ROAD CLERMONT, FL 34711</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TRES KEIM, KAREN 15220 HARTWOOD MARSH ROAD CLERMONT, FL 34711</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/27/08-80065-010 70.00

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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**