


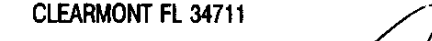
**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90050 016 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>			<b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # N19213</b>			
1. Corporation Name			
<b>SOUTH LAKE DEVELOPMENT COUNCIL, INC.</b>			
Principal Place of Business		Mailing Address	
900 WEST HIGHWAY 50 POST OFFICE BOX 121244 CLERMONT FL 34712-8244		900 WEST HIGHWAY 50 POST OFFICE BOX 121244 CLERMONT FL 34712-8244	

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b>	
<b>21</b>		<b>26</b>		<b>02/12/1987</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b>	<b>Applied For</b>
<b>22</b>		<b>27</b>		<b>59-2916291</b>	<b>Not Applicable</b>
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	
<b>23</b>		<b>28</b>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country	<b>6. Election Campaign Financing</b> <input type="checkbox"/>	
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>	<b>Trust Fund Contribution</b> <input type="checkbox"/>	
				<b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LENNOX, LAWRENCE 10715 LAKE CLAIR CIRCLE CLEARMONT FL 34711 		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [Signature] DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAY GILLEY 16740 KAMALIN CT CLERMONT FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUGUSTINE, ED 10462 CIR 561A CLERMONT FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, DENNIS L. 12 ELDERBERRY COURT CLERMONT FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE LENNOX 10715 LAKE CLAIR CIRCLE CLERMONT FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED 51-99** 352-394-8525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)