


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90020 020 ****61.25

DOCUMENT # N35903			
1. Entity Name SOUTH LAKES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 217 OAK LAKE RD. MELBOURNE, FL 32901		Mailing Address P O BOX 2548 MELBOURNE, FL 32902-2548	
2. Principal Place of Business 4375 South Lakes Cir		3. Mailing Address SAME AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Melbourne FL		City & State	
Zip 32901	Country	Zip	Country
6. Name and Address of Current Registered Agent KINBERG, EDWARD J 2101 S. WAVERLY PL., SUITE 200-E MELBOURNE, FL 32901		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	FL
Zip Code		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP BEAUDOIN, DONALD 280 OAK LAKE RD. MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mitchell Bruce <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4381 Silver Lake Drive Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAINWATER, ALLEN <input checked="" type="checkbox"/> Delete 249 OAK LAKE RD MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FROST, Pamela <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4365 South Lakes Circle Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COSTANTINI, DIANE <input checked="" type="checkbox"/> Delete 217 OAK LAKE RD. MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FROST, Pamela <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4365 South Lakes Circle Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAZER, LARRY <input checked="" type="checkbox"/> Delete 4331 SILVER LAKE DR MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Awito, Joe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 177 Crystal Lake Road Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, BRAD <input checked="" type="checkbox"/> Delete 4341 SILVER LAKE RD. MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miller Virginia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4375 South Lakes Circle Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, KATHY <input checked="" type="checkbox"/> Delete 4370 SILVER LAKE DR MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thompsons Ernie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 272 Crystal Lake Road Melbourne, FL 32901
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: <i>Pamela Frost</i>		12 Jul 05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	