


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N35903 1. Entity Name SOUTH LAKES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 4375 SOUTH LAKES CIR MELBOURNE, FL 32901	Mailing Address P O BOX 2548 MELBOURNE, FL 32902-2548
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01032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2997279	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KINBERG, EDWARD J  
 2101 S. WAVERLY PL., SUITE 200-E  
 MELBOURNE, FL 32901

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

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	P MITCHELL, BRUCE 4381 SILVER LAKE DRIVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FROST, PAMELA 4365 SOUTH LAKES CIRCLE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FROST, PAMELA 4365 SOUTH LAKES CIRCLE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUITO, JOE 177 CRYSTAL LAKE ROAD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, VIRGINIA 4375 SOUTH LAKES CIRCLE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPkins, ERNIE 272 CRYSTAL LAKE ROAD MELBOURNE, FL 32901

110000079545  
 01/10/06-80025-023. 61.25

**DO NOT WRITE IN THIS SPACE**

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: Pamela Frost Pamela Frost Treasurer 6 Jan 06 3214948307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #