


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90043 007 ****61.25

DOCUMENT # N35903

1. Entity Name
SOUTH LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4375 SOUTH LAKES CIR
 MELBOURNE, FL 32901**

Mailing Address
**P O BOX 2548
 MELBOURNE, FL 32902-2548**

40028770



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02072007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
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, 2007

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	P MITCHELL, BRUCE 4381 SILVER LAKE DRIVE MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition P Virginia Miller 4385 South Lakes Circle 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	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FROST, PAMELA 4365 SOUTH LAKES CIRCLE MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUTO, JOE 177 CRYSTAL LAKE ROAD MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition VP Mark Steelman 4381 Silver Lake Drive 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	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition D Nick Walker 4345 South Lakes Cir Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPkins, ERNIE 272 CRYSTAL LAKE ROAD MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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 empowerment.

SIGNATURE: Pamela Frost Date: 1 Mar 07 Daytime Phone #: 3214944488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR