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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004472 (5)**

1. Corporation Name

FRIENDS OF SOUTH LAKE, INC.

Principal Place of Business	Mailing Address
835 7TH STREET BUILDING A CLERMONT FL 34711	835 7TH STREET BUILDING A SUITE 2 CLERMONT FL 34711-2160 US

3. Date Incorporated or Qualified: 09/18/1995
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21: 1153 10th St.
Suite, Apt. #, etc.
22: D
City & State
23: Clermont, FL
Zip
24: 34711
Country
25:

2a. Mailing Address
26: P.O. Box 120248
Suite, Apt. #, etc.
27:
City & State
28: Clermont, FL
Zip
29: 34712
Country
30:

4. FEI Number: 59-3338694 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AUGUSTINE, EDWARD L
10462 C.R. 561-A
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AUGUSTINE, EDWARD L		1.2 NAME		
STREET ADDRESS	10462 C.R. 561-A		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ASMANN, STEPHEN M		2.2 NAME		
STREET ADDRESS	10441 LAKE LOUISA ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		2.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	3.1 TITLE	SECRETARY/DIRECTOR	☒ Change ☐ Addition
NAME	JACKSON, THOMAS		3.2 NAME	JACKSON, THOMAS	
STREET ADDRESS	5618 MARY'S VILLA ROAD		3.3 STREET ADDRESS	5618 MARY'S VILLA ROAD	
CITY-ST-ZIP	GROVELAND FL 34736		3.4 CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE	SD	☒ DELETE	4.1 TITLE	TREASURER/DIRECTOR	☒ Change ☐ Addition
NAME	ASMANN, KATHRYN C		4.2 NAME	ASMANN, KATHRYN C	
STREET ADDRESS	10441 LAKE LOUISA ROAD		4.3 STREET ADDRESS	10441 LAKE LOUISA ROAD	
CITY-ST-ZIP	CLERMONT FL 34711		4.4 CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	TD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, RODNEY J		5.2 NAME		
STREET ADDRESS	540 SOUTH DISSTON		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Edward L. Augustine EDWARD L. Augustine 4/28/97 (352) 394-8525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069580