

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004472 1. Entity Name FRIENDS OF SOUTH LAKE, INC.					
Principal Place of Business 1099 CITRUS TOWER BLVD CLERMONT FL 34711 US			Mailing Address P O BOX 120248 CLERMONT FL 34712 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3338694	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AUGUSTINE, EDWARD L 10462 C.R. 561-A CLERMONT FL 34711			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			9. Election Campaign Financing Trust Fund Contribution. ☐		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUGUSTINE, EDWARD L 10462 C.R. 561-A CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000540692 05/10/06-80028-007 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ASMANN, STEPHEN M 10441 LAKE LOUISA ROAD CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD ASMANN, KATHRYN C 10441 LAKE LOUISA ROAD CLERMONT FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathryn C Asmann* 4/28/06 357 394 733