## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004472

Entity Name: FRIENDS OF SOUTH LAKE, INC.

US

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

1099 CITRUS TOWER BLVD CLERMONT, FL 34711 US

Current Mailing Address: New Mailing Address:

P O BOX 120248 CLERMONT, FL 34712

FEI Number: 59-3338694 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AUGUSTINE, EDWARD L

10462 C.R. 561-A

CLERMONT, FL 34711 US

BAYSINGER, JAMES L

12648 LAKESHORE DRIVE

CLERMONT, FL 34711 US

CLERMONT, FL 34711 US

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.

SIGNATURE: JAMES BAYSINGER 03/26/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 AUGUSTINE, EDWARD L
 Name:
 BAYSINGER, JAMES L

 Address:
 10462 C.R. 561-A
 Address:
 12648 LAKESHORE DRIVE

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 CLERMONT, FL 34711

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ASMANN, STEPHEN M
 Name:

 Address:
 10441 LAKE LOUISA ROAD
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:

Title: SDTD () Delete Title: () Change () Addition

 Name:
 ASMANN, KATHRYN C
 Name:

 Address:
 10441 LAKE LOUISA ROAD
 Address:

 City-St-Zip:
 CLERMONT, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN ASMANN SDTD 03/26/2009