

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90037 040 ****61.25

DOCUMENT # N98000004002 1. Entity Name SOUTHLAKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2220 CR 210 WEST STE 108, BOX 420 JACKSONVILLE, FL 32259			Mailing Address 2220 CR 210 WEST STE 108, BOX 420 JACKSONVILLE, FL 32259		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3521801	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MULLER, DAVID 593 PROSPERITY LAKE DR. SAINT AUGUSTINE, FL 32092				Name KEVIN ACEVEDO Street Address (P.O. Box Number is Not Acceptable) 580 PROSPERITY LAKE DRIVE City ST. AUGUSTINE FL 32092	
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 reappointing) DATE: <u>31 January 2007</u>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP ACEVEDO, KEVIN 580 PROSPERITY LAKE DR SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEVIN ACEVEDO 580 PROSPERITY LAKE DRIVE ST. AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BARNES, PAUL 188 SOUTHLAKE DR SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KIM ROACH 161 SOUTHLAKE DRIVE ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONNANGELO, DORIS 145 SOUTHLAKE DR SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LYNN HUNTER 224 SOUTHLAKE DRIVE ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT NEWMAN, LAURA 169 SOUTHLAKE DR SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-SECRETARY LAURA NEWMAN 169 SOUTHLAKE DRIVE ST. AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAYED, HEATHER 237 SAOUTHLAKE DR SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DORIS DONNANGELO 145 SOUTHLAKE DRIVE ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-TREASURER MARY GASKILL 532 PROSPERITY LAKE DRIVE ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Change <input checked="" 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 empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: <u>2-1-07</u> DAYTIME PHONE #: <u>904-230-1989</u>					