2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N98000004002

Entity Name: SOUTHLAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3521801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT, LLC
11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HUNTER, LYNN
Address: 224 SOUTHLAKE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP ( ) Delete
Name: PFEIFER, VALERIE
Address: 573 PROSPERITY LAKE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: S ( ) Delete
Name: BACKUS, BETH
Address: 724 LAKE GENEVA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DIR ( ) Delete
Name: HOLLADAY, TONY
Address: 193 SOUTHLAKE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: FEACHER, RICHARD
Address: 817 LAKE CRESCENT DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: S (X) Change ( ) Addition
Name: BRENNER, LINDA
Address: 300 SOUTHLAKE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR ( ) Change (X) Addition
Name: BROWN, LARRY
Address: 589 PROSPERITY LAKE DRIVE
City-St-Zip: ST AUGUSTINE, FL 32092

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: FIRST COAST ASSOCIATION MANAGEMENT, LLC RA 01/22/2009

Electronic Signature of Signing Officer or Director — Date