
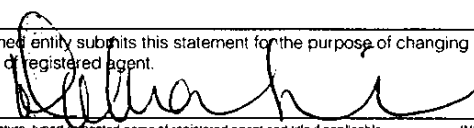
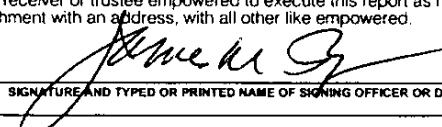


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90001 012 \*\*\*150.00

<b>DOCUMENT # P02000026149</b> 1. Entity Name <b>SOUTH LAKE MANAGEMENT CORPORATION</b>					
Principal Place of Business <b>1331 LAKESHORE DR. CLERMONT, FL 34711</b>			Mailing Address <b>1331 LAKESHORE DR. CLERMONT, FL 34711</b>		
2. Principal Place of Business - No P.O. Box # <b>1101 Citrus Tower Blvd</b>		3. Mailing Address <b>1101 Citrus Tower Blvd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Clermont, FL</b>		City & State <b>Clermont, FL</b>		4. FEI Number <b>04-3621437</b>	
Zip <b>34711</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIMON, JAMES K 6702 LAKE KIRKLAND DR. CLERMONT, FL 34711</b>			7. Name and Address of New Registered Agent Name <b>Debra Huminka</b> Street Address (P.O. Box Number is Not Acceptable) <b>1101 Citrus Tower Blvd.</b> City <b>Clermont, FL</b> Zip Code <b>34711</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>8/31/07</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b> <i>Did not receive postcard.</i>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAY, JAMES M</b> <b>1331 LAKESHORE DR.</b> <b>CLERMONT, FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAY, JOY A</b> <b>1331 LAKESHORE DR.</b> <b>CLERMONT, FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIMON, JAMES K</b> <b>6702 LAKE KIRKLAND DR.</b> <b>CLERMONT, FL 34711</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Debra Huminka</b> <b>3709 Fallscrest Circle</b> <b>Clermont, FL 34711</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 607, 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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	