

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90127 006 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 739604**

1. Corporation Name

**THE ESTATES OF SILVERLAKE PROPERTY OWNERS' ASSOCIATION, INCORPORATED**

Principal Place of Business

2306 SW 23RD CRANBROOK DR.  
 BOYNTON BEACH FL 33436

Mailing Address

2306 SW 23RD CRANBROOK DR.  
 BOYNTON BEACH FL 33436



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

08/01/1977

4. FEI Number

59-2286964

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**DUBE', J. STANLEY**  
**ESTATES OF SILVERLAKE**  
**2734 CRANBROOK DRIVE**  
**BOYNTON BEACH FL 33436-5704**

10. Name and Address of New Registered Agent

81 Name Novita, Suzanne  
 82 Street Address (P.O. Box Number is Not Acceptable)  
Estates of Silverlake  
 83 2668 SW 23rd Cranbrook Drive  
 84 City Boynton Beach FL 85 Zip Code 33436

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Suzanne Novita*

(NOTE: Registered Agent signature required when reinstating)

1-3-99  
 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SUZANNE, NOVITA	
STREET ADDRESS	2668 SW 23RD CRANBROOK DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WOLFE, PHYLLIS	
STREET ADDRESS	2650 SW 23RD CRANBROOK COURT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BESSELL, MICHAEL	
STREET ADDRESS	2657 CRANBROOK DRIVE	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PODESWA, HAROLD	
STREET ADDRESS	2332 S.W. 23RD CRANBROOK	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REED, JAMES	
STREET ADDRESS	2458 SW CRANBROOK DRIVE	
CITY-ST-ZIP	BOYTON BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUBE', J. STANLEY	
STREET ADDRESS	2458 SW CRANBROOK DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Novita, Suzanne	
1.3 STREET ADDRESS	2668 SW 23rd Cranbrook Drive	
1.4 CITY-ST-ZIP	Boynton Beach, FL 33436	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stone, Patricia	
2.3 STREET ADDRESS	2410 SW 23rd Cranbrook Drive	
2.4 CITY-ST-ZIP	Boynton Beach, FL 33436	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dube, J. Stanley	
6.3 STREET ADDRESS	2734 SW 23rd Cranbrook Drive	
6.4 CITY-ST-ZIP	Boynton Beach, FL 33436	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*President*

561-734-7644

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)