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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 750447

1. Corporation Name
~~SYLVAN SHORES TAXPAYERS ASSOCIATION, INC.~~
SYLVAN SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1343 LAKE PLACID FL 33852-6343	P.O. BOX 1343 LAKE PLACID FL 33852-6343

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/31/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2277185 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing ☐ (Trust Fund Contribution) — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARDNER, FRANK 1802 SYLVIA STREET LAKE PLACID FL 33852	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City — FL — 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1505, 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: _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TREGO, WILLIAM 1607 FOURTH ST LAKE PLACID FL — ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P JONES, LAVERNE 1722 THIRD STREET LAKE PLACID, FL — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARDNER, FRANK 1802 SYLVIA STREET LAKE PLACID FL — ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LUSK, MYRTLE 1642 FIFTH STREET LAKE PLACID FL — ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JONES, LAVERNE 1722 THIRD ST LAKE PLACID FL — ☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V RHODES, ARLENE 1605 LAKE CLAY DRIVE LAKE PLACID, FL — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERGERON, ANITA 1509 CAMPHOR AVENUE LAKE PLACID, FL 00000 — ☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D HINKEL, ANDREW 1587 SECOND STREET LAKE PLACID, FL — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONG, DAN 1615 FOURTH STREET LAKE PLACID FL — ☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D FORNEY, CAROL 1601 FIRST STREET LAKE PLACID, FL — ☐ Change ☒ Addition

CR2E37 (1/96)

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 CAROL R. GARDNER 3/5/99 941-465-7467