

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K33887** (6)

1. Corporation Name
SILVER CREEK R.V. RESORT, INC.



Principal Place of Business: **100 U.S. HIGHWAY 1 FLORIDA CITY FL 33034**
Mailing Address: **100 U.S. HIGHWAY 1 FLORIDA CITY FL 33034**

3. Date Incorporated or Qualified: **09/23/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0076294**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business
21 **3323 STEEPLECHASE LANE**
22 Suite, Apt. #, etc.
23 **KISSIMMEE, FL.**
24 Zip **34746**
25 Country **U.S.A.**
2a. Mailing Address
26 **3323 STEEPLECHASE LANE**
27 Suite, Apt. #, etc.
28 **KISSIMMEE, FL.**
29 Zip **34746**
30 Country **U.S.A.**

9. Name and Address of Current Registered Agent
WAWRZYNAK, JOSEPH
100 U.S. HWY ONE
HOMESTEAD FL 33034
10. Name and Address of New Registered Agent
81 Name: **RONALD G. POTTER**
82 Street Address (P.O. Box Number is Not Acceptable): **56 NW 9 STREET**
83
84 City: **HOMESTEAD** FL 85 Zip Code: **33030**

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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, and 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 607.0505, Florida Statutes.
SIGNATURE: *Ronald G. Potter* **RONALD G. POTTER** DATE: **4-17-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WAWRZYNAK, JOSEPH		1.2 NAME				
STREET ADDRESS	100 U.S. HWY. 1		1.3 STREET ADDRESS				
CITY-ST-ZIP	FLORIDA CITY FL		1.4 CITY-ST-ZIP				
TITLE	VST	<input type="checkbox"/> DELETE	2.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WAWRZYNAK, CAROL		2.2 NAME				
STREET ADDRESS	100 US HWY ONE		2.3 STREET ADDRESS	3323 STEEPLECHASE LANE			
CITY-ST-ZIP	FLORIDA CITY FL		2.4 CITY-ST-ZIP	KISSIMMEE, FL. 34746			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WAWRZYNAK, CAROL		3.2 NAME				
STREET ADDRESS	100 US HWY ONE		3.3 STREET ADDRESS	3323 STEEPLECHASE LANE			
CITY-ST-ZIP	FLORIDA CITY FL		3.4 CITY-ST-ZIP	KISSIMMEE, FL 34746			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Carol Wawrzyniak* **CAROL WAWRZYNAK** DATE: **4-23-96** (407) **931-0166**

CR2E034 (12/95)