

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N19494 (6)**  
1. Corporation Name  
**SILVER LAKE HOMEOWNERS ASSOCIATION, INC.**

95 MAR -7 PM 1:38

Principal Place of Business Mailing Address  
P.O. BOX 950455 P.O. BOX 950455  
LAKE MARY FL 32795-7455 LAKE MARY FL 32795-7455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/03/1987** 3a. Date of Last Report **01/21/1994**  
4. FEI Number **59-2877230** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RUSSELL, ANNE H.  
165 WEST STATE ROAD 434  
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent  
81 Name **Energy Property Management Services, Inc**  
82 Street Address (P.O. Box Number is Not Acceptable) **165 West State Road 434**  
83  
84 City **Winter Springs** FL 85 Zip Code **32708**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Anne H. Russell, Anne H. Russell Pres. Energy Property Mgmt Serv. Inc DATE 2/27/95  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when no change.)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RICH PEARLMAN 720 SILVERWOOD DR LAKE MARY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOFFITT, JOHN 773 SILVERWOOD DRIVE LAKE MARY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLINGS, DEBBIE 808 SILVERWOOD DR. LAKE MARY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D INGALLS, MIKE 946 SHRIVER CIRCLE LAKE MARY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SAMIA, CHRISTINE 826 SILK OAK TERRACE LAKE MARY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TRIMBLETT, JIM 885 SILVERWOOD DRIVE LAKE MARY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADHAV, LEIGH 926 Shriver Circle LAKE MARY FL 32746
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/T ARMSTRONG, HARVEY 728 Silverwood Dr. LAKE MARY, FL 32746
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D BOWMAN, Denny 866 Shriver Circle LAKE MARY, FL 32746
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D EKINS, STORMY 891 Shriver Circle LAKE MARY, FL 32746
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D

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 110.07(3)(b), 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 or liquidator 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.

SIGNATURE: Harvey Armstrong DATE 2/28/95 407-327-5824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D

Addition

KUGLER, JIM  
864 Silverwood Dr  
LAKE MARY, FL 32746

D

Addition

Winger, MARTIN  
818 SILK OAK TERRACE  
LAKE MARY, FL 32746

D

Addition

Sykora, Floyd  
852 Silverwood Dr  
LAKE MARY, FL 32746