

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N19494 (6)**
1. Corporation Name

SILVER LAKE HOMEOWNERS ASSOCIATION, INC.



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/03/1987	03/07/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2877230	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ENERGY PROPERTY MGMT SVCS INC 165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		FL	

11. Pursuant to 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: Anne H. Russell President Energy Property Mgmt Services DATE: 2/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	DIV
NAME	ADHAV, LEIGH	12 NAME	Winger, MARTIN
STREET ADDRESS	926 SHRIVER CIR	13 STREET ADDRESS	818 SILK OAK TERRACE
CITY-ST-ZIP	LAKE MARY FL	14 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	DT	21 TITLE	DP
NAME	ARMSTRONG, HARVEY	22 NAME	
STREET ADDRESS	728 SILVERWOOD DR	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	COLLINGS, DEBBIE	32 NAME	
STREET ADDRESS	808 SILVERWOOD DR.	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	BOWMAN, DENNY	42 NAME	
STREET ADDRESS	866 SHRIVER CIR	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	
NAME	ELKINS, STORMY	52 NAME	
STREET ADDRESS	871 SHRIVER CIR	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	54 CITY-ST-ZIP	
TITLE	PD	61 TITLE	D/SIT
NAME	TRIMBLETT, JIM	62 NAME	SYKORA, Floyd
STREET ADDRESS	865 SILVERWOOD DRIVE	63 STREET ADDRESS	852 Silverwood Dr.
CITY-ST-ZIP	LAKE MARY FL	64 CITY-ST-ZIP	LAKE MARY FL 32746

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 2/26/96 TELEPHONE # 645-5500

CR2E037 (12/95)