

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19494 (6)**  
 1. Corporation Name  
**SILVER LAKE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 950455 LAKE MARY FL 32795-7455</b>	Mailing Address <b>P.O. BOX 950455 LAKE MARY FL 32795-0455</b>
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3. Date Incorporated or Qualified <b>03/03/1987</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>59-2877230</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**ENERGY PROPERTY MGMT SVCS INC  
 165 WEST STATE ROAD 434  
 WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
**FL** 85 Zip Code

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: Anne H. Russell, Anne H. Russell, Pres, Energy Prop Mgmt Svcs, Inc 2/26/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	WINGER, MARTIN	
STREET ADDRESS	818 SILK OAK TERRACE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ARMSTRONG, HARVEY	
STREET ADDRESS	728 SILVERWOOD DR	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLLINGS, DEBBIE	
STREET ADDRESS	808 SILVERWOOD DR.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWMAN, DENNY	
STREET ADDRESS	866 SHRIVER CIR	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELKINS, STORMY	
STREET ADDRESS	871 SHRIVER CIR	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SYKORA, FLYD	
STREET ADDRESS	852 SILVERWOOD DR	
CITY-ST-ZIP	LAKE MARY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Winger, Martin	
1.3 STREET ADDRESS	818 Silk Oak Terrace	
1.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Colvin, Russ	
2.3 STREET ADDRESS	954 Shriver Cir.	
2.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hill, Ed	
3.3 STREET ADDRESS	830 Shriver Cir.	
3.4 CITY-ST-ZIP	LAKE, MARY, FL 32746	
4.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bowman, Denny	
4.3 STREET ADDRESS	866 Shriver	
4.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Langille Steve	
5.3 STREET ADDRESS	818 Shriver Cir	
5.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: M.A.P. 2/24/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0015613

CR2E037 (9/96)