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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N19494

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	
21		26		03/03/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2877230	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
25		30		\$5.00 May Be Added to Fees	

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	EPM SERVICES, INC.		
				82 Street Address (P.O. Box Number is Not Acceptable)	165 WEST STATE ROAD 434		
				83			
				84 City	WINTER SPRINGS	85 FL	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 Pres, EPM Services Inc DATE: 4/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGER, MARTIN	1.2 NAME	
STREET ADDRESS	818 SILK OAK TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLVIN, RUSS	2.2 NAME	MCNEAL, HOWARD
STREET ADDRESS	954 SHRIVER CIR	2.3 STREET ADDRESS	796 SILVERWOOD DRIVE
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIANCO, RICH	3.2 NAME	SUTTER, DAVID
STREET ADDRESS	814 SILK OAK TERR.	3.3 STREET ADDRESS	872 SILVERWOOD DRIVE
CITY-ST-ZIP	LAKE MARY FL 32746	3.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, DENNY	4.2 NAME	
STREET ADDRESS	866 SHRIVER CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGILLE, STEVE	5.2 NAME	
STREET ADDRESS	818 SHRIVER CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	5.4 CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYKORA, FLYD	6.2 NAME	VANDERSCHAAF, FRED
STREET ADDRESS	852 SILVERWOOD DR	6.3 STREET ADDRESS	772 SILVERWOOD DRIVE
CITY-ST-ZIP	LAKE MARY FL	6.4 CITY-ST-ZIP	LAKE MARY, FL

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] DATE: 4/20/99 DAYTIME PHONE #: (407) 302-0432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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