

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 # **N23748 (9)**

1. Corporation Name

SYLVAN POND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

165 W SR 434
WINTER SPRINGS FL 32708
US

PO BOX 950455
LAKE MARY FL 32795-0455
US

3. Date Incorporated or Qualified **12/07/1987** 3a. Date of Last Report **02/20/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2933838	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
Zip	Country		
29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENERGY PROPERTY MGMT SVCS INC
165 WEST SR 434
WINTER SPRINGS FL 32708**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 *Marty Chen* Vice President Energy Property Mgmt Svcs 2/12/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBOUR, ELAINE	12 NAME	CARTAS, MICHAEL
STREET ADDRESS	779 MEADOWSIDE CT	13 STREET ADDRESS	11160 SYLVAN POND CIRCLE
CITY - ST - ZIP	ORLANDO FL	14 CITY - ST - ZIP	ORLANDO, FL 32825
TITLE	OD <input checked="" type="checkbox"/> DELETE	21 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUIZ, FELIX	22 NAME	CASEY, KEVIN
STREET ADDRESS	11101 SYLVAN POND CIRCLE	23 STREET ADDRESS	11112 SYLVAN POND CIR
CITY - ST - ZIP	ORLANDO FL	24 CITY - ST - ZIP	ORLANDO, FL 32825
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, EDWARD	32 NAME	HICKS, EDWARD
STREET ADDRESS	11048 SYLVAN POND CIR	33 STREET ADDRESS	11048 SYLVAN POND CIR
CITY - ST - ZIP	ORLANDO FL	34 CITY - ST - ZIP	ORLANDO, FL 32825
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOWS, JILL	42 NAME	
STREET ADDRESS	730 MEADOWSIDE CT	43 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	44 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	51 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MARSHA	52 NAME	DAVIS, MARSHA
STREET ADDRESS	816 LONGLEAF PINE CT	53 STREET ADDRESS	816 LONGLEAF PINE CT
CITY - ST - ZIP	ORLANDO FL	54 CITY - ST - ZIP	ORLANDO, FL 32825
TITLE	PD <input type="checkbox"/> DELETE	61 TITLE	VP/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, JAMES	62 NAME	RUSSELL, JAMES
STREET ADDRESS	11177 SYLVAN POND CIRCLE	63 STREET ADDRESS	11177 SYLVAN POND CIR
CITY - ST - ZIP	ORLANDO FL	64 CITY - ST - ZIP	ORLANDO, FL 32825

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: **MARSHA DAVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marsha D. Davis

407-327-5824

Date Daytime Phone #

CR2E037 (12/95)