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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 165 W SR 434 WINTER SPRINGS FL 32708 US
Mailing Address: PO BOX 850455 LAKE MARY FL 32795-0455 US

3. Date Incorporated or Qualified: 12/07/1987
3a. Date of Last Report: 02/21/1996
4. FEI Number: 59-2933838
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
ENERGY PROPERTY MGMT SVCS INC
165 WEST SR 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: *Marty Chan* (NOTE: Registered Agent signature required when reinstating) DATE: 2/15/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | 0 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARTAS, MICHAEL | 1.2 NAME | |
| STREET ADDRESS | 11160 SYLVAN POND CIRCLE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ORLANDO FL | 1.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CASEY, KEVIN | 2.2 NAME | VERNON, TERRY |
| STREET ADDRESS | 11112 SYLVAN POND CIR | 2.3 STREET ADDRESS | 810 LONGLEAF PINE CT. |
| CITY - ST - ZIP | ORLANDO FL | 2.4 CITY - ST - ZIP | ORLANDO FL |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HICKS, EDWARD | 3.2 NAME | |
| STREET ADDRESS | 11048 SYLVAN POND CIR | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | ORLANDO FL | 3.4 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEADOWS, JILL | 4.2 NAME | |
| STREET ADDRESS | 730 MEADOWSIDE CT | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | ORLANDO FL | 4.4 CITY - ST - ZIP | |
| TITLE | P <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVIS, MARSHA | 5.2 NAME | Houser, Sandy |
| STREET ADDRESS | 816 LONGLEAF PINE CT | 5.3 STREET ADDRESS | 11188 Sylvan Pond Circle |
| CITY - ST - ZIP | ORLANDO FL | 5.4 CITY - ST - ZIP | Orlando, FL |
| TITLE | VT <input type="checkbox"/> DELETE | 6.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUSSELL, JAMES | 6.2 NAME | |
| STREET ADDRESS | 11177 SYLVAN POND CIRCLE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | ORLANDO FL | 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: *James J. Russell* DATE: 2/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JAMES J. RUSSELL, PRESIDENT - SYLVAN POND DATE: 2/15/97
354-8026 DAYTIME PHONE # 0016508

CR2E037 (9/96)