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 Feb 05 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
 4. FEI Number: 59-2933838
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-30) details including City & State, Zip, and Country.

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 (81-85) details including Name, Street Address, City, State (FL), and 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 Cohen, Vice President* DATE: 1/20/98

12. OFFICERS AND DIRECTORS

TITLE	D	NAME	CARTAS, MICHAEL	STREET ADDRESS	11160 SYLVAN POND CIRCLE	CITY-ST-ZIP	ORLANDO FL
TITLE	D	NAME	CASEY, KEVIN	STREET ADDRESS	11112 SYLVAN POND CIR	CITY-ST-ZIP	ORLANDO FL
TITLE	D	NAME	HICKS, EDWARD	STREET ADDRESS	11048 SYLVAN POND CIR	CITY-ST-ZIP	ORLANDO FL
TITLE	SD	NAME	MEADOWS, JILL	STREET ADDRESS	730 MEADOWSIDE CT	CITY-ST-ZIP	ORLANDO FL
TITLE	V	NAME	VERNON, TERRY	STREET ADDRESS	810 LONGLEAF PINE COURT	CITY-ST-ZIP	ORLANDO FL
TITLE	VT	NAME	RUSSELL, JAMES	STREET ADDRESS	11177 SYLVAN POND CIRCLE	CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	1.2 NAME	HOUSER, SANDY	1.3 STREET ADDRESS	11188 SYLVAN POND CIRCLE	1.4 CITY-ST-ZIP	ORLANDO FL 32825
2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE	VD	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE	D	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE	PD	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *James Russell* PERMIT NUMBER: 4073275824

CR2E037 (10/97)