

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 # **N26869** (0)

1. Corporation Name
SILVER LAKES TRADE CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 106 COMMERCE ST. SUITE 110 LAKE MARY FL 32746 US
Mailing Address: 106 COMMERCE ST. SUITE 110 LAKE MARY FL 32746 US

3. Date Incorporated or Qualified: 06/09/1988
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2920377	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent

RZESZUT, MARGARET A
106 COMMERCE #110
LAKE MARY FL 32746

81 Name: Cherilee L. Williams
82 Street Address (P.O. Box Number is Not Acceptable): 106 Commerce St., #110
83
84 City: Lake Mary FL 85 Zip Code: 32746

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: Cherilee L. Williams Secretary/Treasurer DATE: 1-31-96
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 BREWER, DAVID B. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	106 COMMERCE ST., #110	1.2 NAME	
STREET ADDRESS	LAKE MARY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD PALOMBI, LAWRENCE R. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	106 COMMERCE ST., #101	2.2 NAME	
STREET ADDRESS	LAKE MARY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST RZESZUT, MARGE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	106 COMMERCE ST #105	3.2 NAME	ST Cherilee L. Williams
STREET ADDRESS	LAKE MARY FL	3.3 STREET ADDRESS	106 Commerce St. #110
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lake Mary FL 32746
TITLE	DVP LATHAN, ROY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	103 COMMERCE, #100	4.2 NAME	
STREET ADDRESS	LAKE MARY FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 * appears in Block 12 or Block 13. If changes, or on an attachment with an * covered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: David B. Brewer Director DATE: 4-8-96 333-9565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRE037 (12/95)