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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32746-6217 US
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3. Date Incorporated or Qualified 06/09/1988	3a. Date of Last Report 04/15/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-2920377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**WILLIAMS, CHERILEE L
106 COMMERCE ST #110
#110
LAKE MARY FL 32746**

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 _____ (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BREWER, DAVID B.	
STREET ADDRESS	106 COMMERCE ST., #110	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PALOMBI, LAWRENCE R.	
STREET ADDRESS	106 COMMERCE ST., #101	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CHERILEE L	
STREET ADDRESS	106 COMMERCE ST #110	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	LATHAN, ROY	
STREET ADDRESS	103 COMMERCE, #100	
CITY-ST-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	A. Chris Addison
2.3 STREET ADDRESS	106 Commerce St., #108
2.4 CITY-ST-ZIP	Lake Mary, FL 32746
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Vice-Pres./Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T. Avery Nye
4.3 STREET ADDRESS	106 Commerce St., #106
4.4 CITY-ST-ZIP	Lake Mary, FL 32746
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Cherilee L. Williams* *4897 (dnt) 323-9515*

CR2E037 (9/96)