


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 30 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 # N26869 (0)

1. Corporation Name
**SILVER LAKES TRADE CENTER CONDOMINIUM ASSOCIATIO
N, INC.**



| | | | |
|---|--------------------------------|---|---------------------|
| Principal Place of Business | | Mailing Address | |
| 106 COMMERCE ST. SUITE 110 LAKE MARY FL 32746 US | | 106 COMMERCE ST. SUITE 110 LAKE MARY FL 32746 US | |
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | | 30 | Country |

3. Date Incorporated or Qualified
06/09/1988

4. FEI Number
59-2920377

Applied For
 Not Applicable

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

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
Linda J. Heyse

82 Street Address (P.O. Box Number is Not Acceptable)
106 Commerce St #109

83

84 City
Lake Mary

85 Zip Code
FL 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 *Linda J. Heyse* **Linda J. Heyse** **2/24/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BREWER, DAVID B. | 1.2 NAME | Richard W. Wilkinson |
| STREET ADDRESS | 106 COMMERCE ST., #110 | 1.3 STREET ADDRESS | 106 Commerce St #109 |
| CITY-ST-ZIP | LAKE MARY FL | 1.4 CITY-ST-ZIP | Lake Mary FL 32746 |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADDISON, A. C | 2.2 NAME | |
| STREET ADDRESS | 106 COMMERCE ST., #108 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE MARY FL | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | Sec./Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, CHERILEE L | 3.2 NAME | Linda J. Heyse |
| STREET ADDRESS | 106 COMMERCE ST #110 | 3.3 STREET ADDRESS | 106 Commerce St #109 |
| CITY-ST-ZIP | LAKE MARY FL | 3.4 CITY-ST-ZIP | Lake Mary FL 32746 |
| TITLE | VPD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NYE, T. A | 4.2 NAME | |
| STREET ADDRESS | 106 COMMERCE ST., #108 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE MARY FL | 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 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: *Linda J. Heyse* **Linda J. Heyse** **Secretary/Treasurer** **2/24/98** **407-333-8006**

CR2E037 (10/97)