


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

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)