1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N26869

1. Corporation Name

SILVER LAKES TRADE CENTER CONDOMINIUM ASSOCIATIO N. INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

106 COMMERCE ST. SUITE 110 LAKE MARY FL 32746

2a. Mailing Address

Suite, Apt. #, etc.

FILED Apr 29, 1999 8:00 am § Secretary of State

04-29-1999 90205 023 ****61.25





Applied For

Not Applicable

3. Date Incorporated or Qualifed

· 06/09/1988 4. FEI Number

59-2920377

22	27				59-2920377	No.	ot Applicable	
	City & State City & State				T. C	\$8.75 Additional		
23	28				5. Certifcate of Status Desired	Fee R	equired	
Zip	Country Zip		Country		6. Election Campaign Financing	\$5.00	May Be	
	25			Trust Fund Contribu		Added	to Fees	
24 25 29 3 9. Name and Address of Current Registered Agent					10. Name and Address of New Re-	gistered Agent		
			81	Name				
UEVOE L	INDA I			2: 111	(D.O. Day Nurshania Nat Assessable	۵۱		
HEYSE, LINDA J 106 COMMERCE ST. #109				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
LAKE MARY FL 32746			84	City		FL 85 Zip	Code	
		200 4 CAT AERR Florida Chatuton	the chove	o-named corr	poration submits this statement for the pu	1	registered	
office or i	registered agent or both in the Stat	e of Florida. Such change was auth	norized by	the corporati	on's board of directors. I hereby accept	the appointment as re	egistered	
agent. I a	am familiar with, and accept the oblig	ations of, Section 617.0503, Florid	la Statutes	i.				
SIGNATURE	·					DATE		
	Signature, typed or printed name of registered ag		egistered Agen	st signature require	d when reinstating) ADDITIONS/CHANGES TO OFFI		ORS IN 12	
12.	1	ND DIRECTORS	1.1 TITLE		, <u></u>	☐ Change	Addition	
TITLE	0	□ beceie					_	
NAME	WIKLINSON, RICHARD W		1.2 NAME					
STREET ADDRESS	144			1.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY-S	T-ZIP		☐ Change	☐ Addition	
TITLE	PD	☐ DELETE	2.1 TITLE			□: Cilange		
NAME	ADDISON, A. C		2.2 NAME					
STREET ADDRESS	106 COMMERCE ST., #108		2.3 STREET	T ADORESS				
CITY-ST-ZIP	LAKE MARY FL		2. 4 CITY- S	ST-ZIP				
TITLE	ST	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	HEYSE, LINDA J		3.2 NAME					
STREET ADDRESS	106 COMMERCE ST., #109		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	LAKE MARY FL 32746		3.4. CITY-5	ST-ZIP				
TITLE	VPD	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	NYE, T. A		4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP	LAKE MARY FL		4.4 CITY-S	ST-ZIP				
TITLE			5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
	[5.4 CITY-S	T-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
		_	6.2 NAME					
NAME			6.3 STREE	TADDRESS				
STREET ADDRESS			6.4 CITY-S					
CITY-ST-ZIP	andiff, that the information quantical	with this filing does not qualify for the			Section 119.07(3)(i), Florida Statutes. I 1	urther certify that the	information	
14. I hereby	certify that the information supplied	with this filing does not quality for the	ne exembr	non prater in	I have the serve level effect on if	node under oath: the	t lam 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 other like empowered.

SIGNATURE

407-333-8006