

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

FILED
Mar 04 1996 8:00 am
Secretary of State

DOCUMENT # N49843 (8)

1. Corporation Name

SILVER PALMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

8405 NW 53 ST.
A102
MIAMI FL 33166
US

Mailing Address

C/O TIMBERLAKE GROUP, INC.
5050 N.W. 74TH AVENUE
MIAMI FL 33166
US

3. Date Incorporated or Qualified

07/10/1992

3a. Date of Last Report

03/28/1995

4. FEI Number

65-0398371

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUGGER, ROBERT A
THE TIMBERLAKE GROUP INC
8405 NW 53 ST., A102
MIAMI FL 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CABRERA, RAPHAEL R
STREET ADDRESS 10412 SW 23 TERR.
CITY- ST- ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME BELLO, PEDRO A
STREET ADDRESS 2166 SW 103 PL
CITY- ST- ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME RODRIGUEZ, JOHNNY
STREET ADDRESS 10413 SW 23 ST.
CITY- ST- ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME CALVINO, ENI
STREET ADDRESS 10410 SW 22 ST
CITY- ST- ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME CRUZ, TED J
STREET ADDRESS 10381 SW 20 TERR.
CITY- ST- ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)