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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49843 (8)

1. Corporation Name

SILVER PALMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8405 NW 53 ST.
A102
MIAMI FL 33166
US

C/O TIMBERLAKE GROUP, INC.
5050 N.W. 74TH AVENUE
MIAMI FL 33166-5516
US

3. Date Incorporated or Qualified
07/10/1992

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

ROBERT A DUGGER

3-3-97

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

1.1 TITLE PD
1.2 NAME Ted Cruz,
1.3 STREET ADDRESS 10381 S.W. 20th. Terrace,
1.4 CITY-ST-ZIP Miami, Florida 33165

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

2.1 TITLE TD
2.2 NAME Marta Aguado
2.3 STREET ADDRESS 10400 S.W. 21st. Terrace,
2.4 CITY-ST-ZIP Miami, Florida 33165.

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

3.1 TITLE SD
3.2 NAME John Pinon,
3.3 STREET ADDRESS 2165 S.W. 103rd. Place,
3.4 CITY-ST-ZIP Miami, Florida 33165.

TITLE SD-
NAME GALVINO, ENI
STREET ADDRESS 10410 SW 22 ST--
CITY-ST-ZIP MIAMI FL-----

4.1 TITLE D
4.2 NAME Emily Leisz,
4.3 STREET ADDRESS 10350 S.W. 22nd. Street,
4.4 CITY-ST-ZIP Miami, Florida 33165.

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

5.1 TITLE D
5.2 NAME Elena B. Carreno,
5.3 STREET ADDRESS 10360 S.W. 22nd. Street,
5.4 CITY-ST-ZIP Miami, Florida 33165..

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97 (305) 593 1141

Date

Daytime Phone # 0032004

CR2E037 (9/96)