

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morim Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49843** (8)

1. Corporation Name

SILVER PALMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
8405 NW 53 ST. MIAMI FL 33166	C/O TIMBERLAKE GROUP, INC. 5050 N.W. 74TH AVENUE MIAMI FL 33166 US

3. Date Incorporated or Qualified 07/10/1992	
4. FEI Number 65-0398371	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 The Timberlake Group, Inc.	26 Suite, Apt. #, etc.
22 5050 N.W. 74th. Avenue,	27 Suite, Apt. #, etc.
23 City & State Miami, Florida	28 City & State
24 Zip 33166	29 Country U.S.A.

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
DUGGER, ROBERT A -- THE TIMBERLAKE GROUP INC 8405 NW 53 ST., A102 MIAMI FL 33166	

10. Name and Address of New Registered Agent	
81 Name	ROBERT A. DUGGER
82 Street Address (P.O. Box Number is Not Acceptable)	5050 N.W. 74th. Avenue,
83	
84 City	MIAMI
85 Zip Code	FL 33166

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 **R.A. DUGGER** DATE **2-16-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1/TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, RAPHAEL R	1/NAME	
STREET ADDRESS	10412 SW 23 TERR.	1/STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1/CITY - ST - ZIP	
TITLE	VD	2/TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLO, PEDRO A	2/NAME	
STREET ADDRESS	2166 SW 103 PL	2/STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2/CITY - ST - ZIP	
TITLE	VD	3/TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JOHNNY	3/NAME	
STREET ADDRESS	10413 SW 23 ST.	3/STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3/CITY - ST - ZIP	
TITLE	SD	4/TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVINO, ENI	4/NAME	
STREET ADDRESS	10410 SW 22 ST	4/STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4/CITY - ST - ZIP	
TITLE	TD	5/TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, TED J	5/NAME	
STREET ADDRESS	10381 SW 20 TERR.	5/STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5/CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6/TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6/NAME	
STREET ADDRESS		6/STREET ADDRESS	
CITY - ST - ZIP		6/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 of 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]** DATE **2/16/98** DAYTIME PHONE **593-1141**