


FILE NOW: FILING FEE IS \$61.25

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**Mar 06 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 # N97000000420 (6)
 1. Corporation Name
SILVER GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 15476 NW 77TH CT., STE. 338 MIAMI LAKES FL 33016	Mailing Address 15476 NW 77TH CT., STE. 338 MIAMI LAKES FL 33016
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3. Date Incorporated or Qualified 01/27/1997	
4. FEI Number 65-0480644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 10101 W. Okeechobee Rd	26. Mailing Address 10101 W. Okeechobee Rd
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Hialeah, FL	28. City & State Hialeah, FL
24. Zip 33016	29. Zip 33016
25. Country USA	30. Country USA

9. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M
782 NW LEJEUNE RD., STE. 548
MIAMI FL 33128**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JAME, CAMILO M	
STREET ADDRESS	15476 NW 77TH CT., STE. 338	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ROBLES, JESUS	
STREET ADDRESS	15476 NW 77TH CT., STE. 338	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GUERRA, ARMANDO J	
STREET ADDRESS	15476 NW 77TH CT., STE. 338	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HERRAN, AGUSTIN	
STREET ADDRESS	15476 NW 77TH CT., STE. 338	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Pres Jesus Estupinan
1.3 STREET ADDRESS	10101 W. Okeechobee Rd # 2202
1.4 CITY-ST-ZIP	Hialeah, FL, 33016
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D V. Pres Sonia D. Pico
2.3 STREET ADDRESS	10101 W. Okeechobee Rd # 8208
2.4 CITY-ST-ZIP	Hialeah, FL, 33016
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Secy Jorge L. Sanchez
3.3 STREET ADDRESS	10101 W. Okeechobee Rd # 30102
3.4 CITY-ST-ZIP	Hialeah, FL, 33016
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Treas. Juan G. Ding
4.3 STREET ADDRESS	10101 W. Okeechobee Rd # 8102
4.4 CITY-ST-ZIP	Hialeah, FL 33016
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ DATE: **02/11/98** (305) 824-1210

CR2E037 (1097)