

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

DOCUMENT # N23748 (9)

1. Corporation Name

SYLVAN POND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

165 W SR 434
WINTER SPRINGS FL 32708
US

PO BOX 950455
LAKE MARY FL 32795-0455
US

3. Date Incorporated or Qualified
12/07/1987

3a. Date of Last Report
02/20/1995

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

4. FEI Number
59-2933838

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

**ENERGY PROPERTY MGMT SVCS INC
165 WEST SR 434
WINTER SPRINGS FL 32708**

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

Marty Chan Vice President Energy Property Mgmt Svcs 2/12/96

Signature of registered agent and print name if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARBOUR, ELAINE	
STREET ADDRESS	779 MEADOWSIDE CT	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	OD	<input checked="" type="checkbox"/> DELETE
NAME	RUIZ, FELIX	
STREET ADDRESS	11101 SYLVAN POND CIRCLE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HICKS, EDWARD	
STREET ADDRESS	11048 SYLVAN POND CIR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEADOWS, JILL	
STREET ADDRESS	730 MEADOWSIDE CT	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVIS, MARSHA	
STREET ADDRESS	816 LONGLEAF PINE CT	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUSSELL, JAMES	
STREET ADDRESS	11177 SYLVAN POND CIRCLE	
CITY-STATE-ZIP	ORLANDO FL	

11 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CARTAS, MICHAEL	
13 STREET ADDRESS	11160 SYLVAN POND CIRCLE	
14 CITY-STATE-ZIP	ORLANDO, FL 32825	
21 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	CASEY, KEVIN	
23 STREET ADDRESS	11112 SYLVAN POND CIR	
24 CITY-STATE-ZIP	ORLANDO, FL 32825	
31 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HICKS, EDWARD	
33 STREET ADDRESS	11048 SYLVAN POND CIR	
34 CITY-STATE-ZIP	ORLANDO, FL 32825	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	DAVIS, MARSHA	
53 STREET ADDRESS	816 LONGLEAF PINE CT	
54 CITY-STATE-ZIP	ORLANDO, FL 32825	
61 TITLE	VP/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	RUSSELL, JAMES	
63 STREET ADDRESS	11177 SYLVAN POND CIR	
64 CITY-STATE-ZIP	ORLANDO, FL 32825	

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: MARSHA DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marsha D. Davis

407-327-5824

Date Daytime Phone #

CR2E037 (12/95)