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FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37945 (5)
1. Corporation Name
SILVER GLEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 2180 W. SR 434 SUITE 6000 LONGWOOD FL 32779 US	Mailing Address 2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/02/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3051306	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HART, JR. J W.
SENTRY MANAGEMENT, INC.
2180 W. STATE ROAD 434, #5000
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE VD	NAME VALANTASIS, GUST	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3280 UNIVERSITY BLVD STE 200	CITY-ST-ZIP WINTER PARK FL	
TITLE PD	NAME BODELL, WAYNE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3280 UNIVERSITY BLVD STE 200	CITY-ST-ZIP WINTER PARK FL	
TITLE TSD	NAME DOLAN, FRANK	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3280 UNIVERSITY BLVD STE 200	CITY-ST-ZIP WINTER PARK FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME COOPER, KATHRYN	
1.3 STREET ADDRESS 1360 VICKERS LAKE DR	
1.4 CITY-ST-ZIP OCOE FL 34761	
2.1 TITLE BOYD, LYNDON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME 310 FOREST CREST CT	
2.3 STREET ADDRESS OCOE FL 34761	
2.4 CITY-ST-ZIP OCOE FL 34761	
3.1 TITLE VP AND SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME BORAK, ROBERT	
3.3 STREET ADDRESS 1321 CENTURY OAK DR	
3.4 CITY-ST-ZIP OCOE FL 34761	
4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME VALLONE, JOSEPH	
4.3 STREET ADDRESS 1299 CENTURY OAK DR	
4.4 CITY-ST-ZIP OCOE FL 34761	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Chen, Dermis	
5.3 STREET ADDRESS 1191 Vickers Lake Drive	
5.4 CITY-ST-ZIP OCOE FL 34761	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.

CR2E037 (9/96)