

FILE NOW: FILING FEE IS \$61.25

FILED
Sep 22 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 # **N93000005285 (2)**

1. Corporation Name

SILVER LAKES-GATEWAY HOMEOWNERS ASSOCIATION, INC



Principal Place of Business 700 N.W. 107 AVE. MIAMI FL 33172	Mailing Address 11930 FAIRWAY CAKES DRIE C/O LEE SIDE SERVICES FORT MYERS FL 33913 US
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2. Principal Place of Business 21	2a. Mailing Address 26 70 DICKINSON HEIGHT INC.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 11930 FAIRWAY LAKES DR
City & State 3	City & State 28 FT MYERS, FL
Zip 4	Country 30 USA

3. Date Incorporated or Qualified 11/22/1993	3a. Date of Last Report 05/19/1996
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4. FEI Number 65-0508210	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent WATSKY, MORRIS J 700 N.W. 107TH AVE. MIAMI FL 33172	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	BUJAK, ANDREW J
STREET ADDRESS	5245 BIG PINE WAY
CITY-ST-ZIP	FORT MYERS FL 33907
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	SEALEY, JOE
STREET ADDRESS	5245 BIG PINE WAY #102
CITY-ST-ZIP	FORT MYERS FL
TITLE	DST <input checked="" type="checkbox"/> DELETE
NAME	KLINE, JULIE
STREET ADDRESS	5245 BIG PINE WAY
CITY-ST-ZIP	FORT MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DV
2.3 STREET ADDRESS	BLACKMORE, MIKE
2.4 CITY-ST-ZIP	11260 LAKELAND CR. FT MYERS FL 33913
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DST
3.3 STREET ADDRESS	MECHESNEY, VALARIE
3.4 CITY-ST-ZIP	5245 BIG PINE WAY FT MYERS FL 33907
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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)