

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779 US</b>	Mailing Address <b>2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779 US</b>
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2. Principal Place of Business <b>21 668 N. Orlando Ave., Suite, Apt. #, etc. 22 Suite 105 City &amp; State 23 Maitland, Florida Zip 24 32751</b>	2a. Mailing Address <b>26 668 N. Orlando Ave. Suite, Apt. #, etc. 27 Suite 105 City &amp; State 28 Maitland, Florida Zip 29 32751</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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3. Date Incorporated or Qualified <b>05/02/1990</b>	
4. FEI Number <b>59-3051306</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>HART, JR. J W. SENTRY MANAGEMENT, INC. 2180 W. STATE ROAD 434, #5000 LONGWOOD FL 32779</b>
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10. Name and Address of New Registered Agent <b>81 Name Morbitzer, Margaret L. 82 Street Address (P.O. Box Number is Not Acceptable) 668 N. Orlando Ave., Ste. 105 83 84 City Maitland, FL 85 Zip Code 32751</b>
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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 <i>Margaret L. Morbitzer</i> <b>MARGARET L. MORBITZER</b> <b>2/10/98</b> Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE
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12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>COOPER, KATHYRN</b>
STREET ADDRESS	<b>1360 VICKERS LAKE DR.</b>
CITY-ST-ZIP	<b>OCOE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BOYD, LYNDON</b>
STREET ADDRESS	<b>310 FOREST CREST CT</b>
CITY-ST-ZIP	<b>OCOE FL</b>
TITLE	<b>VPSD</b> <input type="checkbox"/> DELETE
NAME	<b>BORAK, ROBERT</b>
STREET ADDRESS	<b>1321 CENTURY OAKS DR</b>
CITY-ST-ZIP	<b>OCOE FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>VALLONE, JOSEPH</b>
STREET ADDRESS	<b>1299 CENTURY OAK DR.</b>
CITY-ST-ZIP	<b>OCOE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHEN, DENNIS</b>
STREET ADDRESS	<b>1191 VICKERS LAKE DRIVE</b>
CITY-ST-ZIP	<b>OCOE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Myhre, Christina</b>
1.3 STREET ADDRESS	<b>341 Sterline Lake Drive</b>
1.4 CITY-ST-ZIP	<b>Ocoee, FL 34761</b>
2.1 TITLE	<b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Coney, Richard</b>
2.3 STREET ADDRESS	<b>339 Sterline Lake Drive</b>
2.4 CITY-ST-ZIP	<b>Ocoee, FL 34761</b>
3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Borak, Robert</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Champagne, Linda</b>
4.3 STREET ADDRESS	<b>1601 Glenhaven Circle</b>
4.4 CITY-ST-ZIP	<b>Ocoee, FL 34761</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Barnette, Mike</b>
5.3 STREET ADDRESS	<b>338 Sterling Lake Drive</b>
5.4 CITY-ST-ZIP	<b>Ocoee, FL 34761</b>
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: <i>Margaret L. Morbitzer</i> <b>2/10/98</b> <b>407/539-1000</b> <b>X103</b>
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CR2E037 (10/97)