FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739604

Corporation Name

THE ESTATES OF SILVERLAKE PROPERTY OWNERS' ASOCI ATION, INCORPORATED

Finic	ipai	PIACE	OI DU	2111622	
2306	SW	23RD	CRAN	BROOK	DA
BOY	NOTO	I BEA	CH FL	33436	

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

2306 SW 23RD CRANBROOK DR. BOYNTON BEACH FL 33436

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90127 006 ****61.25



3. Date Incorporated or Qualifed

08/01/1977

4. FEI Number

22		27				59-228	6964		Not .	Applicable_		
City & State		City & State		5 (Cartifonto	of Status Desir	ed []	\$8.75 Ad				
23		28		3. (Ceruicate	Ol Status Desii	eo 🗀 —	Fee Req	uired			
Zip			Country	Country		Election (Campaign Finan	cing	\$5.00 N	lay Be		
24	25 29 30			Trust Fund Contribution					Added to Fees			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent								
			81	Name	Mossil	L	Curanna					
DUBE', J. STANLEY			82	Street A			Suzanne umber is Not Ad	ceptable)				
ESTATES OF SILVERLAKE			1	000.7			of Silv					
2734 CRANBROOK DRIVE			83		2652		22 2 2		Dadasa			
			84		2668	SW	<u>23rd Cr</u>	anbrook	85 Zip Co			
BOYNTON BEACH FL 33436-5704				City	Roynt	t on	Beach	FL	3343			
11. Pursuant	to the provisions of Sections 617.0502	the above	e-named o	comoration	cultimite	this statement fo	or the purpose of	changing its re	egistered			
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 DIVINIS MINISTER 1:3.99												
				t signature re	quired when reli		C/CHANCES T	O OFFICERS AN	N NIDECTOR	S IN 12		
12	OFFICERS AND	DELETE	13.	—-т					Change	Addition		
TITLE	D	□ DELETE	1.1 TITLE	1			t DIRE	Clork	M Curringo			
NAME	OOZANIE, NOVIA		1.2 NAME NO		Novit	ta,	Suzanne	1_ 1 1_	Dwire			
STREET ADDRESS	TREET ADDRESS 2668 SW 23RD CRANBROOK DR 1.3		1.3 STREET	ADDRESS				anbrook				
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-S	T-ZIP				FL 33430		10 6 3 3 4		
TITLE	SD	☐ DELETE	2.1 TTLE	ļ	Secre	etar	У		Change	☐ Addition		
NAME	Wolfe, Phyllis		2.2 NAME	1	Stone	e, P	atricia					
STREET ADDRESS	STREET ADDRESS 2650 SW 23RD CRANBROOK COURT 23			ADDRESS (2410	SW	23rd Cr	anbrook	Drive	. [
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-S	T-ZIP	Boyni	ton -	Beach,	FL 33430	ā			
TITLE	D	☐ DELETE	3.1 TITLE	J	-				☐ Change	☐ Addition		
NAME	BESSELL, MICHAEL		3.2 NAME	İ								
STREET ADDRESS			3.3 STREET ADDRESS						•			
CITY-ST-ZIP	BOYNTON BCH FL 33436	ı	3.4. CITY- S	T-ZIP					·			
TITLE	TD ÷	☐ DELETE	4.1 TITLE						☐ Change	Addition		
NAME	PODESWA. HAROLD		4. 2 NAME	ļ								
STREET ADDRESS			4.3 STREET	FADORESS						1		
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-S	T-ZIP								
TITLE	VD	☐ DELETE	5.1 TITLE						☐ Change	Addition		
NAME	REED, JAMES		5.2 NAME							İ		
STREET ADDRESS	2458 SW CRANBROOK DRIVE		5.3 STREE	ADDRESS					4	ļ		
CITY-ST-ZIP	BOYTON BEACH FL		5.4 CITY-S	T-ZIP		_						
TITLE	PD	☐ DELETE	6.1 TITLE		Dire	ctor		` .	Change .	Addition		
NAME	DUBE', J. STANLEY		6.2 NAME	1	Dube	. J.	Stanle	ΥY	_ :	. 1		
STREET ADDRESS	E 2.00		6.3 STREE	FADDRESS	2734	SW	23rd Cr	anbrook		·		
CITEL ROUNCOS	POVATION BEACH EI		64 CITY-S	T-71P	Boyn	ton	Beach,	FL 334	36	ľ		

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, with all other like empowered.

SIGNATURE:

TURE AND TYPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

561-734-7644 Daytime Phone # R2E037 (11/98)

Applied For