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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N23748

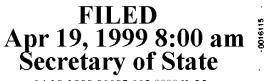
1. Corporation Name

SYLVAN POND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business								
165 W SR 434 WINTER SPRINGS	El 22700							
WHITEH SPRINGS	1 6 32/00							

Mailing Address

PO BOX 950455



04-19-1999 90097 002 ****61.25



US SPRING	US US										
2. Principal Pla	ace of Business	2a. Mailing Address			3.	Date Incorpora	ted or Qualife	d			
21	<u> </u>	26				12/07/1987					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				FEI Number 59-2933838	· ·		 	lied For	
22		27				38-2833636				Applicable	
City & State	• ,	City & State			5.	Certifcate of St	atus Desired		\$8.75 A		
23 .		Zip Country				Election Camp	alan Einancin		\$5.00		
Zip	Country		30	,	0.	Trust Fund Cor	-	" □	Added to	•	
24	9. Name and Address of Current	11	JU		10.			Registered	Agent		
	5. Name and Address of Current	. region of regions	8	Name	ED N	1 Seru	ices.	Inc.		. :	
ENEDGY D	PROPERTY MGMT SVCS INC		8:	Street /	Address (P	O. Box Numbe		otable)			
165 WEST			"					<u>, </u>			
	PRINGS FL 32708		8:	3 110	511	. State	Road	1 434	⊢ '		
***********			8-	City.	1: .				85 Zip C	708	
				1 N	linte	r opr	ings.	FL.	132	708	
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	2 and 617,1508, Florida Statute of Florida, Such change was au	s, the about thorized b	ve-named of the corpo	corporation pration's bo	n submits this si pard of directors	tatement for this. I hereby acc	ne purpose of cept the appoi	changing its i ntment as reg	istered	
agent. I a	n familiar with, and accept the obligat	ions of, Section 617.0503, Flori	ida Statute	s.		20MC.	· Tio	~ 4/2	z /oc		
SIGNATURE	of familiar with; and accept the obligate A Polyagature, typed or printed name of registered agent	e AnnetRuss	e11	reside	ent 2	P/// Serv	1Ceo III	DATE	2///		
12.	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	13.	ent signature n	oquitos vineri	ADDITIONS/CH	ANGES TO	FFICERS AN	D DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		[☐ Change	☐ Addition	
NAME	CÁRTAS, MICHAEL		1.2 NAME	:						:	
STREET ADDRESS	11160 SYLVAN POND CIRCLE		1.3 STRE	ET ADDRESS					•	.	
CITY-ST-ZIP	ORLANDO FL		1,4 CITY-	ST-ZIP					· ·		
TITLE	D	DELETE	2.1 TITLE		D		4 -		Change	Addition	
NAME	CASEY, KEVIN	•	2.2 NAME		Hern	andez,	Jerry	Court		İ	
STREET ADDRESS	11112 SYLVAN POND CIR		2.3 STRE	ET ADDRESS	844	andez, Pondici ando, R	gpies-	925			
CITY-ST-ZIP -	ORLANDO FL		.2.4 CITY		Orto	ando, k	<u>-C. Sw</u>	<u>. سه</u>	Change	Addition	
πLE	D STANDS	☐ DELETE	3.1 TITLE								
NAME	HICKS, EDWARD		3.2 NAME	_							
STREET ADDRESS	11048 SYLVAN POND CIR			ET ADORESS				-			
CITY-ST-ZIP	ORLANDO FL VD	☐ DELETE	3.4. CITY 4.1 TITLE		VD5	5			Change	Addition	
TITLE	MEADOWS, JILL		4.2 NAM			•				,	
NAME STREET ADDRESS	730 MEADOWSIDE CT			ET ADDRESS							
CITY-ST-ZIP	ORLANDO FL		4.4 CITY]	·				. :	
TITLE	D	DELETE	5.1 TITLE					` .	☐ Change	☐ Addition	
NAME	VERNON, TERRY	·	5.2 NAM						į.		
STREET ADDRESS	810 LONGLEAF PINE COURT			ET ADDRESS				• , • .			
CITY-ST-ZIP	ORLANDO FL		5.4 CITY		ļ		1		Change	Addition	
TITLE	PD	☐ DELETE	6.1 TITU					\$. L. Cusuge	□ voninài i	
NAME	RUSSELL, JAMES		6.2 NAM								
STREET ADDRESS	11177 SYLVAN POND CIRCLE			ET ADDRESS					•	1/2	
CITY+ST-ZIP	ORLANDO FL		6.4 CITY	-Si-ZIP							

4. 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 seceiver 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. for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE: