

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 # N19494**

1. Corporation Name

**SILVER LAKE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
P.O. BOX 950455  
LAKE MARY FL 32795-7455

Mailing Address  
P.O. BOX 950455  
LAKE MARY FL 32795-7455

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90042 038 \*\*\*\*61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/03/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2877230	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**ENERGY PROPERTY MGMT SVCS INC**  
**165 WEST STATE ROAD 434**  
**WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

81 Name	EPM SERVICES, INC.	
82 Street Address (P.O. Box Number is Not Acceptable)	165 WEST STATE ROAD 434	
83		
84 City	WINTER SPRINGS	FL
85 Zip Code	32708	

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 Anne H Russell Pres, EPM Services Inc DATE 4/22/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGER, MARTIN	1.2 NAME	
STREET ADDRESS	818 SILK OAK TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLVIN, RUSS	2.2 NAME	MCNEAL, HOWARD
STREET ADDRESS	954 SHRIVER CIR	2.3 STREET ADDRESS	796 SILVERWOOD DRIVE
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIANCO, RICH	3.2 NAME	SUTTER, DAVID
STREET ADDRESS	814 SILK OAK TERR.	3.3 STREET ADDRESS	872 SILVERWOOD DRIVE
CITY-ST-ZIP	LAKE MARY FL 32746	3.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, DENNY	4.2 NAME	
STREET ADDRESS	866 SHRIVER CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGILLE, STEVE	5.2 NAME	
STREET ADDRESS	818 SHRIVER CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	5.4 CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYKORA, FLYD	6.2 NAME	VANDERSCHAAF, FRED
STREET ADDRESS	852 SILVERWOOD DR	6.3 STREET ADDRESS	772 SILVERWOOD DRIVE
CITY-ST-ZIP	LAKE MARY FL	6.4 CITY-ST-ZIP	LAKE MARY, FL

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

(407) 302-0432

Date Daytime Phone #

CR2E037 (11/98)