

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfari  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 10 PM 1:52

**DOCUMENT # 729817 (7)**  
1. Corporation Name  
**SILVER PALM VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**4161 SILVER PALM DRIVE VERO BEACH FL 32963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/03/1974** 3a. Date of Last Report **04/19/1994**  
4. FEI Number **59-1537946** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 2c. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**GARRIS, CHARLES E.  
817 BEACHLAND BLVD  
VERO BEACH FL 32963**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>ST</b>
NAME	<b>FECKE, BARBARA</b>
STREET ADDRESS	<b>4143 SILVER PALM DR</b>
CITY- ST- ZIP	<b>VERO BCH FL</b>
TITLE	<b>D</b>
NAME	<b>BOYLE, JOSEPH</b>
STREET ADDRESS	<b>2728 NORTHEAST 30TH STREET</b>
CITY- ST- ZIP	<b>LIGHTHOUSE POINT FL</b>
TITLE	<b>VD</b>
NAME	<b>GIARRUSSO, MARIO</b>
STREET ADDRESS	<b>100 ADAMS AVENUE</b>
CITY- ST- ZIP	<b>METHUEN MA</b>
TITLE	<b>D</b>
NAME	<b>AMES, ROBERT O.</b>
STREET ADDRESS	<b>4161 SILVER PALM DRIVE</b>
CITY- ST- ZIP	<b>VERO BCH FL</b>
TITLE	<b>PD</b>
NAME	<b>FECKE, GEORGE</b>
STREET ADDRESS	<b>4143 SILVER PALM DRIVE</b>
CITY- ST- ZIP	<b>VERO BCH FL</b>
TITLE	<b>VD</b>
NAME	<b>SZYBILLO, JOSEPH</b>
STREET ADDRESS	<b>200 OAKVIEW AVE</b>
CITY- ST- ZIP	<b>FARMINGDALE NY</b>

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>VD</b>
6.3 STREET ADDRESS	<b>SZYBILLO, JOSEPH</b>
6.4 CITY- ST- ZIP	<b>4159 SILVER PALM DRIVE</b> <b>VERO BEACH, FL</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Fecke **GEORGE FECKE** 04-05-95 407-231-1193  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)