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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

729817

(7)

SILVER PALM VILLAS CONDOMINIUM ASSOCIATION, INC.

415I SLUER PALM DRIVE VERO BEACH FL 32983 2 Principal Flace of Business 2 Suria, Apt. 4, etc. 2 Suria, Apt. 4, etc. 2 Suria, Apt. 4, etc. 3 Suria, Apt. 4, etc. 4 Suria, Apt. 5, etc. 4 Suria, Apt. 6, etc. 4 Suria, Apt. 7, etc. 5 Suria, Apt. 7, etc. 5 Country 6 Suria, Apt. 6, etc. 6 Suria, Apt. 7, etc. 7 Suria, Apt. 7, etc. 7 Suria, Apt. 7, etc. 7 Suria, Apt. 8, etc. 8 Suria, Apt. 8, etc. 9 Name and Address of Current Registered Agent 10 Name and Address of New Registered Agent 11. Name 12. Suria, Apt. 8, etc. 13 Suria, Apt. 8, etc. 14 Suria, Apt. 8, etc. 15 Name 16 Name 17 Suria, Apt. 8, etc. 16 Suria, Apt. 8, etc. 17 Suria, Apt. 8, etc. 18 Suria, Apt. 8, etc. 19 Suria, Apt. 8, etc. 19 Suria, Apt. 8, etc. 10 Name and Address of New Registered Agent 10 Name and Address of New Registered Agent 11. Name 12. Suria, Apt. 8, etc. 13 Suria, Apt. 8, etc. 14 Suria, Apt. 8, etc. 15 Suria, Apt. 8, etc. 16 Suria, Apt. 8, etc. 17 Suria, Apt. 8, etc. 18 Suria, Apt. 8, etc. 19 Suria, Apt. 8, etc. 10 Name and Address of New Registered Agent 10 Name and Address of New Registered Agent 11. Name 12 Suria, Apt. 8, etc. 19 Suria, Apt. 8, etc. 10 Name and Address of New Registered Agent 11. Name 10 Name and Address of New Registered Agent 11. Name 10 Name and Address of New Registered Agent 12 Suria, Apt. 8, etc. 1							
Section Control Cont	Principal Place	e of Business	Mailing Address				
2. Principal Place of Business			_				
2. Principal Practo of Business 2.						3a. Date of Last Report 04/10/1995	
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc.		lace of Business	F		* *	Applied For	
City & State Ci		# ptc			59-1537946	Not Applicable	
28 Zep	22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zop		e				□ \$5.00 May Be	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Ad		Country		Country		Added to Fees	
9. Name and Address of Current Registered Agent GARRIS, CHARLES E. 817 BEACHLAND BLVD VERO BEACH FL 32963 13. Sized Addins ss (P.O. Box Number is Not Acceptable) 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 register or registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent where the provisions of Sections of Provisions o		— <i>'</i>	h	⊢			
GARRIS, CHARLES E. 817 BEACHLAND BLVD VERO BEACH FL 32963			1 -1				
### BEACHLAND BLVD VERO BEACH FL 32963 ### City FL 85 Zip Code 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 register 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 for many things and accept the obligations of, Section 617,0503, Florida Statutes. **SIGNATURE** 12.				81 Name		,	
### BEACHLAND BLVD VERO BEACH FL 32963 ### City	GARRIS,	, CHARLES E.		92 Street Add	to cc /P.O. Poy Number is Not Assectable		
11. Pursuant to the provisions of Sections 617.0502 and 617.1506. Ponde Statutes, the above named corporation submits this statement for the purpose of changing its register registered agent, or both, in the State of Florate. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the provisions of Section 617.0503, Florate Statutes. SIGNATURE Stream				02 Silvest Add	inces (F.O. DOX NUMBER'S NOT Acceptable)	ł	
### Page 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 agent, or both, in the State of Floridas Statutes. ### Page 12. Page 13. Purpose of principle of the State of Floridas Statutes. ### Page 12. Page 13. Purpose of principle of Page 13. Purpose of Agent agrative reported agent agrative registered agent agrative reported agent agrative registered agent agrative reported ag	VERO BEACH FL 32963			83			
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SIGNATURE Specified name of registed agent and five P application DELETE 11 fills	 Pursuant t or register 	to the provisions of Sections 617,050 red agent, or both, in the State of Flor	2 and 617.1508, Florida Statute	es, the above-named corpo	ration submits this statement for the purpo	ose of changing its registered office	
Signature broad or proled name of registered agont and line if accounts in product in gradium required signature registered agont and signature required signature	familiar wit	th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes	ed by the corporation's boa	and or directors. I hereby accept the appoin	itment as registered agent. I am	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE ST	SIGNATURE _						
TITLE	12						
NAME					ADDITIONS/CHANGES TO OFFICE		
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CITY-ST-ZIP	I						
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NAME			DELETE			☐ Change ☐ Addition	
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CITY-ST-ZIP	STREET ADDRESS		REET				
TITLE	CITY-ST-ZIP						
NAME GIARRUSSO, MARIO 32 NAME 33 STREET ADDRESS 100 ADAMS AVENUE 33 STREET ADDRESS CITY-ST-ZIP METHUEN MA 34 CITY-ST-ZIP METHUEN MA 34 CITY-ST-ZIP METHUEN MA 34 CITY-ST-ZIP METHUEN MA MES, ROBERT O. 42 NAME MES, ROBERT O. 43 STREET ADDRESS 4161 SILVER PALM DRIVE 43 STREET ADDRESS CITY-ST-ZIP VERO BCH. FL 44 CITY-ST-ZIP TITLE Change A MAME FECKE, GEORGE 51 TITLE Change A MAME STREET ADDRESS 4143 SILVER PALM DRIVE 53 STREET ADDRESS CITY-ST-ZIP VERO BCH FL 54 CITY-ST-ZIP VERO BCH FL 54 CITY-ST-ZIP Change A MAME CHANGE Change A MAME CHANGE C	TITLE		DELETE			☐ Change ☐ Addition	
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OTY OF THE MEDICAL EL							
14. I do hereby certify that the information supplied with this filing is valuatorily furnished and does not such that the information supplied with this filing is valuatorily furnished and does not such that the information supplied with this filing is valuatorily furnished.	14. Ldo hereby	certify that the information supplied	with this filing is voluntarily furnis	chad and door not avalif. 5	or 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 to eath; 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 na appears in Block 12 or Block 13 if changed, or on an attachment with an address.	oath; that I	am an officer or director of the corpo	ration or the receiver or trustee	emonwered to execute this			

E-GEORGE FECKE 02/26/96 407-231-1193 SIGNATURE: