

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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
4161 SILVER PALM DRIVE VERO BEACH FL 32963-1371

3. Date Incorporated or Qualified 06/03/1974
3a. Date of Last Report 03/05/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	FECKE, BARBARA	
STREET ADDRESS	4143 SILVER PALM DR	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYLE, JOSEPH	
STREET ADDRESS	2728 NORTHEAST 30TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GIARRUSSO, MARIO	
STREET ADDRESS	100 ADAMS AVENUE	
CITY-ST-ZIP	METHUEN MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMES, ROBERT O.	
STREET ADDRESS	4161 SILVER PALM DRIVE	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FECKE, GEORGE	
STREET ADDRESS	4143 SILVER PALM DRIVE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SZYBILLO, JOSEPH	
STREET ADDRESS	4159 SILVER PALM DR	
CITY-ST-ZIP	VERO BEACH FL	

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D GIARRUSSO, GARY
6.3 STREET ADDRESS	4 DAVID DRIVE
6.4 CITY-ST-ZIP	PELHAM, N.H. 03076

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: George Fecke - GEORGE FECKE (PRESIDENT) 2/22/97 561-231-1193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020612

CR2E037 (9/96)