

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90030 029 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 729817**

1. Corporation Name  
**SILVER PALM VILLAS CONDOMINIUM ASSOCIATION, INC.**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/03/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1537946	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARRIS, CHARLES E. 817 BEACHLAND BLVD VERO BEACH FL 32963				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	SZYBILLO, DORIS	1.2 NAME	
STREET ADDRESS	4159 SILVER PALM DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL 32963	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, JOSEPH	2.2 NAME	
STREET ADDRESS	2728 NORTHEAST 30TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIARRUSSO, MARIO	3.2 NAME	
STREET ADDRESS	100 ADAMS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	METHUEN MA 01844	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMES, ROBERT O.	4.2 NAME	
STREET ADDRESS	4161 SILVER PALM DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FECKE, GEORGE	5.2 NAME	
STREET ADDRESS	4143 SILVER PALM DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIARRUSSO, GARY	6.2 NAME	
STREET ADDRESS	P.O. BOX 404	6.3 STREET ADDRESS	
CITY-ST-ZIP	PELHAM NH 03076	6.4 CITY-ST-ZIP	

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: Mario Giarrusso SIGNATURE REQUIRED Date: 3/28/99 Daytime Phone #: 561-231-9872

CR2E037 (1/98)