

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90003 034 ****61.25

0001446

DOCUMENT # 729817

1. Entity Name

SILVER PALM VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4161 SILVER PALM DRIVE
 VERO BEACH FL 32963

Mailing Address

4161 SILVER PALM DRIVE
 VERO BEACH FL 32963

A0002767



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4161 SILVER PALM DR.

Suite, Apt. #, etc.

APT 12

City & State

VERO BEACH FL

Zip

32963

Country

USA

3. Mailing Address

4161 SILVER PALM DRIVE

Suite, Apt. #, etc.

APT 12

City & State

VERO BEACH FL

Zip

32963

Country

USA

4. FEI Number

59-1537946

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARRIS, CHARLES E.
 817 BEACHLAND BLVD
 VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SZYBILLO, DORIS	
STREET ADDRESS	4159 SILVER PALM DR.	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KAISER, PAUL	
STREET ADDRESS	PO BOX 356	
CITY-ST-ZIP	WELLS RIVER VT 05081	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIARRUSSO, MARIO	
STREET ADDRESS	100 ADAMS AVENUE	
CITY-ST-ZIP	METHUEN MA 01844	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMES, ROBERT O.	
STREET ADDRESS	4161 SILVER PALM DRIVE	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GIARRUSSO, GARY	
STREET ADDRESS	P.O. BOX 404	
CITY-ST-ZIP	PELHAM NH 03076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *President*

1-5-01 561-231-9872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)