

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90065 012 ****61.25



DOCUMENT # 729817

1. Entity Name
SILVER PALM VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **4161 SILVER PALM DRIVE APT 12 VERO BEACH FL 32963**
 Mailing Address: **4161 SILVER PALM DRIVE APT 12 VERO BEACH FL 32963**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____



MOORE CR2E037 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: SZYBILLO, DORIS STREET ADDRESS: 4159 SILVER PALM DR. CITY-ST-ZIP: VERO BCH FL 32963	<input type="checkbox"/> Delete	TITLE: DVP NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: KAISER, PAUL STREET ADDRESS: PO BOX 356 CITY-ST-ZIP: WELLS RIVER VT 05081	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: ED SEGWIN STREET ADDRESS: 4157 SILVER PALM DR CITY-ST-ZIP: VERO BEACH, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: GIARUSSO, MARIO STREET ADDRESS: 100 ADAMS AVENUE CITY-ST-ZIP: METHUEN MA 01844	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: LYN LEISINGER-MILLER STREET ADDRESS: 623 FREEMAN RIDGE ROAD CITY-ST-ZIP: WASHVILLE, IN 47448	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: AMES, ROBERT O. STREET ADDRESS: 4161 SILVER PALM DRIVE CITY-ST-ZIP: VERO BCH. FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: GIARUSSO, GARY STREET ADDRESS: P.O. BOX 404 CITY-ST-ZIP: PELHAM NH 03076	<input checked="" type="checkbox"/> Delete	TITLE: STD NAME: DOROTHY L. EMMONS STREET ADDRESS: 4137 SILVER PALM DR. CITY-ST-ZIP: VERO BEACH FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DOROTHY L. EMMONS, Secy Treasurer** 3/11/2004 (729817-0700)
 Date: _____ Daytime Phone #: _____