



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90435 022 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04202006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-1537946	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARRIS, CHARLES E. 817 BEACHLAND BLVD VERO BEACH, FL 32963				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DVP	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LIPEROTE, GEORGE A		NAME	CINBY MERCHANT	
STREET ADDRESS	120 FORREST WAY		STREET ADDRESS	320-A FRANKLIN ST.	
CITY-ST-ZIP	CAMILLUS, NY 13031		CITY-ST-ZIP	WEST PITTSBURGH, PA 15122	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEGUIN, ED		NAME		
STREET ADDRESS	4157 SILVER PALM DR		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEISINGER-MILLER, LYN		NAME		
STREET ADDRESS	623 FREEMAN RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, IN 47448		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMES, ROBERT O.		NAME		
STREET ADDRESS	4161 SILVER PALM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH., FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EMMONS, DOROTHY L		NAME		
STREET ADDRESS	4137 SILVER PALM DR		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			DOROTHY L. EMONS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/21/2006		
			Daytime Phone #: (772) 234-0700		