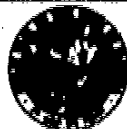


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 732105 (2)

1. Corporation Name

SILVER MOSS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

**1 TURTLE BEACH ROAD
VERO BEACH FL 32963-3452**

Mailing Address

**1 TURTLE BEACH ROAD
VERO BEACH FL 32963-3452**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1975

3a. Date of Last Report

04/21/1994

4. FEI Number

59-1645195

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

**ROSE, MICHAEL
1 TURTLE BEACH ROAD
VERO BCH 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

SD

NAME

SALISBURY NANCY K

STREET ADDRESS

191 SILVER MOSS DR

CITY - ST - ZIP

VERO BCH, FL 00000

TITLE

TD

NAME

KECK CARLTON A

STREET ADDRESS

273 SILVER MOSS DR

CITY - ST - ZIP

VERO BEACH, FL 00000

TITLE

D

NAME

RHODENBAUGH W C

STREET ADDRESS

220 SHADY OAK LAND

CITY - ST - ZIP

VERO BCH, FL 00000

TITLE

AS

NAME

ROSE, MICHAEL L

STREET ADDRESS

1 TURTLE BEACH ROAD

CITY - ST - ZIP

VERO BEACH, FL 00000

TITLE

D

NAME

O'KEEFE, GRACE

STREET ADDRESS

123 SILVER MOSS DR.

CITY - ST - ZIP

VERO BEACH FL

TITLE

PD

NAME

STILES, ALBERT D. J

STREET ADDRESS

210 SHADY OAKS LANE

CITY - ST - ZIP

VERO EACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

T/D

☒ Change ☐ Addition

2.2 NAME

Wetmore, Eugene S.

2.3 STREET ADDRESS

133 Silver Moss Drive

2.4 CITY - ST - ZIP

Vero Beach, FL 32963

3.1 TITLE

V/D

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L Rose

Date

4/17/95 (407)231-1666

Daytime Phone #