

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732105 (2)

1. Corporation Name

SILVER MOSS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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

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VERO BEACH FL 32963-3452**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1975		3a. Date of Last Report 04/24/1995	
21		26		4. FEI Number 59-1645195		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**ROSE, MIACHAEL
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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALISBURY NANCY K	1.2 NAME	
STREET ADDRESS	191 SILVER MOSS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETMORE, EUGENE S	2.2 NAME	
STREET ADDRESS	133 SILBER MOSS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODENBAUGH W C	3.2 NAME	
STREET ADDRESS	220 SHADY OAK LAND	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, MICHAEL L	4.2 NAME	
STREET ADDRESS	1 TURTLE BEACH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'KEEFE, GRACE	5.2 NAME	Salembier, Mrs. Bernard J.
STREET ADDRESS	123 SILVER MOSS DR.	5.3 STREET ADDRESS	293 Silver Moss Drive
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILES, ALBERT D. J	6.2 NAME	
STREET ADDRESS	210 SHADY OAKS LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO EACH FL	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 119.07(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

April 16, 1996

407-231-1666

Date

Daytime Phone

CR2E037 (12/95)