


FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/10/1975
4. FEI Number 59-1645195
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSE, MICHAEL
1 TURTLE BEACH ROAD
VERO BCH FL 32963**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KENTZ, FREDERICK C	
STREET ADDRESS	241 SILVER MOSS DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WETMORE, EUGENE S	
STREET ADDRESS	133 SILBER MOSS DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AHRENS, WILLIAM H	
STREET ADDRESS	371 SILVER MOSS DR	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSE, MICHAEL L	
STREET ADDRESS	1 TURTLE BEACH ROAD	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SALEMBIER, MRS. BERNARD J	
STREET ADDRESS	293 SILVER MOSS DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	O'Brien - Frank J.	
1.3 STREET ADDRESS	151 Silver Moss Drive	
1.4 CITY-ST-ZIP	VERO Beach, FL 32963	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ahrens, William H.	
3.3 STREET ADDRESS	371 Silver Moss Drive	
3.4 CITY-ST-ZIP	VERO Beach, FL 32963	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brown - Walter H.	
5.3 STREET ADDRESS	119 Silver Moss Drive	
5.4 CITY-ST-ZIP	VERO Beach, FL 32963	
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hutchinson, William K.	
6.3 STREET ADDRESS	383 Silver Moss Drive	
6.4 CITY-ST-ZIP	VERO Beach, FL 32963	

14. 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 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: Michael L. Rose 4-21-98 561-231-1146

CR2E037 (10/97)