


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 734112 (6)					
1. Corporation Name SILVER SPRINGS SHORES RESIDENTS' ASSOCIATION, INC.					
Principal Place of Business C/O JAN DARCY 7 LAKE CT LOOP OCALA FL 34472 US			Mailing Address C/O JAN DARCY 7 LAKE CT LOOP OCALA FL 34472 US		
2. Principal Place of Business 21 590 Silver Rd		2a. Mailing Address 26 SAME		3. Date Incorporated or Qualified 10/20/1975	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-1656878	
23 City & State OCALA FL		28 City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
24 Zip 34472		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
30		31		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 DARCY, JAN 7 LAKE CT LOOP OCALA FL 34472					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	DARCY, JAN				
STREET ADDRESS	7 LAKE CT LOOP				
CITY-ST-ZIP	OCALA FL				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	COSTA, LESLIE				
STREET ADDRESS	509-A MIDWAY DR				
CITY-ST-ZIP	OCALA FL				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	DARCY, JAN				
STREET ADDRESS	7 LAKE COURT LOOP				
CITY-ST-ZIP	OCALA FL				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	GLASS, MARION C.				
STREET ADDRESS	1040 SILVER ROAD				
CITY-ST-ZIP	OCALA FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	COSTA, LESLIE				
STREET ADDRESS	509-A MIDWAY DR.				
CITY-ST-ZIP	OCALA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PAPPAS, HELEN				
STREET ADDRESS	469 WATER RD				
CITY-ST-ZIP	OCALA FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Mrs. Olive Lewis				
2.3 STREET ADDRESS	4 Silver Court				
2.4 CITY-ST-ZIP	Ocala FL 34472				
3.1 TITLE	Abe Cimijotti	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Secretary				
3.3 STREET ADDRESS	311 Oak Track Trail				
3.4 CITY-ST-ZIP	Ocala, FL 34472				
4.1 TITLE	Helen Pappas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	Treasurer				
4.3 STREET ADDRESS	469 Water Rd.				
4.4 CITY-ST-ZIP	Ocala, FL 34472				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
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: Helen Pappas Treasurer 8-11-98 3526871120					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (5/98)