1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734112

1. Corporation Name

SILVER SPRINGS SHORES RESIDENTS' ASSOCIATION, IN C.

Principal Place of Business
590 SILVER ROAD OCALA FL 34472 US

2. Principal Place of Business

Mailing Address

590 SILVER ROAD OCALA FL 34472

2a. Mailing Address

US

FILED May 11, 1999 8:00 am § Secretary of State

05-11-1999 90036 044 ****61.25

|--|

3. Date Incorporated or Qualifed

21		26			10/20/19/3				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Applied For		
22		27			59-1656878		Not Applicable		
City & State		City & State			5. Certifcate of Status Desired	1 1	.75 Additional ee Required		
23 Zip	Country	28 Zip	Country		6. Election Campaign Financing	\$ 6	5.00 May Be		
·		29 30	¬ .		Trust Fund Contribution	1 1	dded to Fees		
24	9. Name and Address of Current	<u> </u>	<u> </u>		10. Name and Address of New				
	3. Name and Address of Current	registered Agent	81	Name /					
DARCY I	A A I		82		ress (P.O. Box Number is Not Accept	table)			
DARCY, JAN				469 WATER RA					
7 LAKE CT LOOP				/ * /	W A LEI				
OCALA FL 34472							7: 0 4		
	. + ,		84	CITYOCA	LA		Zip Code 3 44 1 2		
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.									
$\begin{array}{cccccccccccccccccccccccccccccccccccc$									
SIGNATURE	Signature, typed or printed name of registrated agent a	and title if applicable. (NOTE: Re	gistered Ager	nt signature requin	ed when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O				
TITLE	PD	💢 DELETE	1.1 TITLE		<i>a</i>	∑ CH	nange " Addition		
NAME	DARCY, JAN		1.2 NAME		AGNES GEORG	Ę	!		
STREET ADDRESS	7 LAKE CT LOOP		1.3 STREE	TADDRESS -	TO SILVER PLACE	· <i>E</i>			
CITY-ST-ZIP	OCALA FL		1.4 CITY-S	T-ZIP 6	DEALA FI 344:	72			
TITLE	VP	☐ DELETE	2.1 TITLE	(C)	NORMAN VERTIG		nange 🔀 Addition		
NAME	LEWIS, OLIVE		2.2 NAME		OLA MIPWAY P		1		
STREET ADDRESS	4 SILVER COURT		2.3 STREE	TADDDCCS I					
CITY-ST-ZIP	OCALA FL 34472		2. 4 CITY-5		Dealing F1 3447				
TITLE	S	☐ DELETE	3.1 TITLE		RAY A. RUSH 521 Spring LAKE OCALA Fl 3447	☐ Cł	nange X Addition		
NAME	CIMIJOTTI, ABE		3.2 NAME	١.	THY THE CONTE	RD			
STREET ADDRESS	311 OAK TRACK TRAIL		3.3 STREE	TADDRESS J	121 Spring Care	, 4			
CITY-ST-ZIP	OCALA FL 34472		3.4. CITY- S	ST-ZIP	OCALA +1 3447	۷			
TITLE	T .	☐ DELETE	4.1 TITLE		FRANK EFFINGE		hange X Addition		
NAME	PAPPAS, HELEN		4. 2 NAME	[]	FRANK EFFINGE				
STREET ADDRESS	469 WATER ROAD		4.3 STREE	TADDRESS 2	BAHIA COURT LOC	r			
CITY-ST-ZIP	OCALA FL 34472		4.4 CITY-S	T-ZIP C	OCALA F1 34472 -		5 1		
TITLE	D	X DELETE	5.1 TITLE			□a	hange		
NAME	PAPPAS, HELEN		5.2 NAME						
STREET ADDRESS	469 WATER RD		5.3 STREE	TADDRESS					
CITY-ST-ZIP	OCALA FL		5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				hange		
NAME			6.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP					

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, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SENIOR OFFICER OR DIRECTOR

5-10-97

3526871170

Daytime Phone #

;R2E037 (11/98)