

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 # 739744

(1)

1. Corporation Name

SILVER LAKE ASSOCIATION, INC.



Principal Place of Business

**9251 SILVER LAKE DR
LEESBURG FL 34788
US**

Mailing Address

**9251 SILVER LAKE DR
LEESBURG FL 34788
US**

3. Date Incorporated or Qualified
07/27/1977

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1821692

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SELLAR, CHARLES B. P.
9013 SILVER LAKE DR.
LEESBURG FL 34788**

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	AT	<input checked="" type="checkbox"/> DELETE
NAME	ROWELL, BURTON	
STREET ADDRESS	33335 TEWKSBURG DRIVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ENGLHARD, GEORGE	
STREET ADDRESS	9229 SILVER LAKE DR	
CITY-ST-ZIP	LEESBURG FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JASMAN, NINA	
STREET ADDRESS	9251 SILVER LAKE DR	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLANCHARD, GARY	
STREET ADDRESS	914 W MAIN ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, HENRY	
STREET ADDRESS	9810 WEDGEWOOD RD.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LLOYD, CHARLIE T	
STREET ADDRESS	33926 SABAL WAY	
CITY-ST-ZIP	LEESBURG FL	

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Roy Scott	
1.3 STREET ADDRESS	33416 Fairway Drive	
1.4 CITY-ST-ZIP	Leesburg, FL 34788	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pat Carr	
2.3 STREET ADDRESS	9423 Silver Lake Drive	
2.4 CITY-ST-ZIP	Leesburg, FL 34788	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nina Jasmann	
3.3 STREET ADDRESS	9251 Silver Lake Drive	
3.4 CITY-ST-ZIP	Leesburg, FL 34788	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bruce Johnson	
4.3 STREET ADDRESS	33939 Valencia Dr. Leesburg, Fl.	
4.4 CITY-ST-ZIP	34788	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John Neal	
5.3 STREET ADDRESS	33905 Valencia Dr., Leesburg, Fl.	
5.4 CITY-ST-ZIP	34788	
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 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: Bruce Johnson, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

(352) 728-3262

CR2E037 (12/95)