

**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**

21	2. Principal Place of Business	26	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	59-1821692	Not Applicable
23	City & State	28	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	1.1 TITLE	P/D
NAME	ROWELL, BURTON	1.2 NAME	Roy Scott
STREET ADDRESS	33335 TEWKSBURG DRIVE	1.3 STREET ADDRESS	33416 Fairway Drive
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Leesburg, Fl 34788
TITLE	VP	2.1 TITLE	S
NAME	ENGLHARD, GEORGE	2.2 NAME	Pat Carr
STREET ADDRESS	9229 SILVER LAKE DR	2.3 STREET ADDRESS	9423 Silver Lake Drive
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	Leesburg, Fl. 34788
TITLE	T	3.1 TITLE	VP
NAME	JASMANN, NINA	3.2 NAME	Nina Jasmann
STREET ADDRESS	9251 SILVER LAKE DR	3.3 STREET ADDRESS	9251 Silver Lake Drive
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Leesburg, Fl. 34788
TITLE	D	4.1 TITLE	T
NAME	BLANCHARD, GARY	4.2 NAME	Bruce Johnson
STREET ADDRESS	914 W MAIN ST	4.3 STREET ADDRESS	33939 Valencia Dr. Leesburg, Fl.
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	34788
TITLE	D	5.1 TITLE	D
NAME	SCHMIDT, HENRY	5.2 NAME	John Neal
STREET ADDRESS	9810 WEDGEWOOD RD.	5.3 STREET ADDRESS	33905 Valencia Dr., Leesburg, Fl.
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	34788
TITLE	D	6.1 TITLE	
NAME	LLOYD, CHARLIE T	6.2 NAME	
STREET ADDRESS	33926 SABAL WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG 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: **Bruce Johnson, Treasurer** *Bruce Johnson* 3/22/96 (352) 728-3262

CR2E037 (12/95)