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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739744** (1)
1. Corporation Name
SILVER LAKE ASSOCIATION, INC.



Principal Place of Business 8251 SILVER LAKE DR LEESBURG FL 34788 US	Mailing Address 8251 SILVER LAKE DR LEESBURG FL 34788-3415 US
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3. Date Incorporated or Qualified 07/27/1977	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21 34220 SILVER CT.	2a. Mailing Address 26 34220 SILVER CT.	4. FEI Number 59-1821692	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 LEESBURG FL.	City & State 28 LEESBURG FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 34788	Country 25 USA	Zip 29 34788	Country 30 USA
7. 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 SELLAR, CHARLES B. P. 9013 SILVER LAKE DR. LEESBURG FL 34788				10. Name and Address of New Registered Agent			
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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT, ROY		1.2 NAME	KATY WETTENGEL			
STREET ADDRESS	33416 FAIRWAY DRIVE		1.3 STREET ADDRESS	34220 SILVER CT.			
CITY-ST-ZIP	LEESBURG FL		1.4 CITY-ST-ZIP	LEESBURG, FL. 34788			
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SOLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARR, PAT		2.2 NAME	ROY SCOTT			
STREET ADDRESS	9423 SILVE LAKE DRIVE		2.3 STREET ADDRESS	33416 FAIRWAY DR.			
CITY-ST-ZIP	LEESBURG FL		2.4 CITY-ST-ZIP	LEESBURG, FL. 34788			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JASMANN, NINA		3.2 NAME	BRUCE BAKER			
STREET ADDRESS	9251 SILVER LAKE DRIVE		3.3 STREET ADDRESS	3790V INDIAN WOOD DR.			
CITY-ST-ZIP	LEESBURG FL		3.4 CITY-ST-ZIP	LEESBURG, FL. 34788			
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, BRUCE		4.2 NAME	JAMES DONAHUE			
STREET ADDRESS	33939 VALENCIA DRIVE		4.3 STREET ADDRESS	9813 FAIRWAY CIRCLE			
CITY-ST-ZIP	LEESBURG FL		4.4 CITY-ST-ZIP	LEESBURG, FL. 34788			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEAL, JOHN		5.2 NAME	BRUCE JOHNSON			
STREET ADDRESS	33905 VALENCIA DRIVE		5.3 STREET ADDRESS	33935 VALENCIA DR.			
CITY-ST-ZIP	LEESBURG FL		5.4 CITY-ST-ZIP	LEESBURG, FL. 34788			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **3/27/97** Daytime Phone #: **352-787-5384**

CR2E037 (9/96)