

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739744 (1)**  
1. Corporation Name  
**SILVER LAKE ASSOCIATION, INC.**



Principal Place of Business <b>34220 SILVER CT LEESBURG FL 34788 US</b>	Mailing Address <b>34220 SILVER CT LEESBURG FL 34788 US</b>
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3. Date incorporated or Qualified <b>07/27/1977</b>	
4. FEI Number <b>59-1821692</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 <b>SELLAR, CHARLES B. P. 9013 SILVER LAKE DR. LEESBURG FL 34788</b>	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WETTENGEL, KATY</b>	1.2 NAME	
STREET ADDRESS	<b>34220 SILVER CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, ROY</b>	2.2 NAME	
STREET ADDRESS	<b>33416 FAIRWAY DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKER, BRUCE</b>	3.2 NAME	
STREET ADDRESS	<b>32902 INDIAN WOOD DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONAHUE, JAMES</b>	4.2 NAME	<b>Ackerman, Audrey</b>
STREET ADDRESS	<b>9813 FAIRWAY CIRCLE</b>	4.3 STREET ADDRESS	<b>33930 Highland Rd</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	4.4 CITY-ST-ZIP	<b>Leesburg, FL 34788</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, BRUCE</b>	5.2 NAME	<b>D</b>
STREET ADDRESS	<b>33939 VALENCIA DR</b>	5.3 STREET ADDRESS	<b>Martin, Vera</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>	5.4 CITY-ST-ZIP	<b>9371 Silver Lake Dr</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LLOYD, CHARLIE T</b>	6.2 NAME	
STREET ADDRESS	<b>33926 SABAL WAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	6.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Martin, Vera</b>
5.3 STREET ADDRESS	<b>9371 Silver Lake Dr</b>
5.4 CITY-ST-ZIP	<b>Leesburg FL 34788</b>
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: *Katy Wettengel, President* Feb. 19, 1998 352-787-9349

CR2E037 (10/97)