

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 # 750447 (5)
1. Corporation Name
SYLVAN SHORES TAXPAYERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 1343 LAKE PLACID FL 33852-8343 **P.O. BOX 1343 LAKE PLACID FL 33852-8343**

3. Date Incorporated or Qualified **12/31/1979** 3a. Date of Last Report **03/31/1995**
4. FEI Number **59-2277185** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**GARDNER, FRANK
1802 SYLVIA STREET
LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TREGO, WILLIAM	
STREET ADDRESS	1807 FOURTH STREET	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GARDNER, FRANK	
STREET ADDRESS	1802 SYLVIA STREET	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LUSK, MYRTLE	
STREET ADDRESS	1642 FIFTH STREET	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERG, JOSEPH	
STREET ADDRESS	1619 SECOND TERRACE	
CITY-ST-ZIP	LAKE PLACID, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGERON, ANITA	
STREET ADDRESS	1509 CAMPHOR AVENUE	
CITY-ST-ZIP	LAKE PLACID, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LONG, DAN	
STREET ADDRESS	1615 FOURTH STREET	
CITY-ST-ZIP	LAKE PLACID FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SHIELDS, LINDA	
13 STREET ADDRESS	1612 LAKE CLAY DRIVE	
14 CITY-ST-ZIP	LAKE PLACID, FL. 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	VP	
22 NAME	FISHER, SYLVIA	
23 STREET ADDRESS	1730 THIRD STREET	
24 CITY-ST-ZIP	LAKE PLACID, FL. 33852	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Frank Gardner* **FRANK GARDNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 941-465-7467

Date

Daytime Phone #

CR2E037 (12/95)