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FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33852-8343P.O. BOX 1343
LAKE PLACID FL 33862-13433. Date Incorporated or Qualified
12/31/19793a. Date of Last Report
03/20/1996

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

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDNER, FRANK
1802 SYLVIA STREET
LAKE PLACID FL 33852

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	P	<input checked="" type="checkbox"/> DELETE
NAME	SHIELDS, LINDA	
STREET ADDRESS	1612 LAKE CLAY DRIVE	
CITY-ST-ZIP	LAKE PLACID FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TREGO, WILLIAM	
1.3 STREET ADDRESS	1607 FOURTH STREET	
1.4 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	

2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FISHER, SYLVIA	
2.3 STREET ADDRESS	1730 THIRD STREET	
2.4 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	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JONES, LAVERNE	
3.3 STREET ADDRESS	1722 THIRD STREET	
3.4 CITY-ST-ZIP	LAKE PLACID, FL.	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERG, JOSEPH	
STREET ADDRESS	1619 SECOND TERRACE	
CITY-ST-ZIP	LAKE PLACID, FL 00000	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MAYNARD, LOUIS	
4.3 STREET ADDRESS	1506 HIBISCUS COURT	
4.4 CITY-ST-ZIP	LAKE PLACID, FL.	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGERON, ANITA	
STREET ADDRESS	1509 CAMPHOR AVENUE	
CITY-ST-ZIP	LAKE PLACID, FL 00000	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BELCIK, JOHN	
5.3 STREET ADDRESS	1584 SECOND STREET	
5.4 CITY-ST-ZIP	LAKE PLACID, FL.	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LONG, DAN	
STREET ADDRESS	1615 FOURTH STREET	
CITY-ST-ZIP	LAKE PLACID FL	

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 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: *Frank Gardner* **FRANK GARDNER** 3/2/97 941-465-7467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064134

CR2E037 (9/96)