

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750447 (5)
1. Corporation Name
SYLVAN SHORES TAXPAYERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 1343 LAKE PLACID FL 33852-8343	Mailing Address P.O. BOX 1343 LAKE PLACID FL 33852-8343
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3. Date Incorporated or Qualified 12/31/1979	
4. FEI Number 59-2277185	Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREGO, WILLIAM	1.2 NAME	
STREET ADDRESS	1807 FOURTH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, FRANK	2.2 NAME	
STREET ADDRESS	1802 SYLVIA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSK, MYRTLE	3.2 NAME	
STREET ADDRESS	1642 FIFTH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, SYLVIA	4.2 NAME	JONES, LAVERNE
STREET ADDRESS	1730 THIRD ST	4.3 STREET ADDRESS	1722 THIRD STREET
CITY-ST-ZIP	LAKE PLACID FL	4.4 CITY-ST-ZIP	LAKE PLACID, FL.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGERON, ANITA	5.2 NAME	
STREET ADDRESS	1509 CAMPHOR AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, DAN	6.2 NAME	
STREET ADDRESS	1615 FOURTH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	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 _____

CR2E037 (10/97)