

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05521 (2)  
1. Corporation Name  
OTTER LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
PO BOX 10442 PO BOX 10442  
SARASOTA FL 34278 SARASOTA FL 34278-0442

3. Date Incorporated or Qualified 10/08/1984 3a. Date of Last Report 07/10/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 2510-15th ave. W. 26 Suite, Apt. #, etc. 27 City & State 28 Bradenton, FL 29 Zip 34205 30 Country Manatee	4. FEI Number 59-2735582 Applied For Not Applicable 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 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERN, MARVIN  
4872 GREYWOOD LANE  
SARASOTA FL 34235

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: *Christopher L. Wood* DATE: 4-7-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERN, MARVIN	1.2 NAME	Silvers Michael
STREET ADDRESS	4872 GREYWOOD LANE	1.3 STREET ADDRESS	1657 ALTA VISTA
CITY-ST-ZIP	SARASOTA FL 34235	1.4 CITY-ST-ZIP	Sarasota FL 34236
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	S.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERS, MICHAEL	2.2 NAME	Berkey Anthony
STREET ADDRESS	1657 ALTA VISTA	2.3 STREET ADDRESS	6415 Forester Dr
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	Bradenton FL 34202
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABYKIN, GREG	3.2 NAME	Wood Christopher L.
STREET ADDRESS	2233 6TH AVENUE S.W.	3.3 STREET ADDRESS	2510 15th Ave West
CITY-ST-ZIP	LARGO FL 34640	3.4 CITY-ST-ZIP	Bradenton FL 34205
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CASON, RUSS	4.2 NAME	
STREET ADDRESS	135TH STREET WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, unchanged, or on an attachment with an address.

SIGNATURE: *Christopher L. Wood* DATE: 4-7-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)