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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05521			
1. Corporation Name OTTER LAKES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business PO BOX 10442 SARASOTA FL 34278		Mailing Address 3607 51ST STREET EAST BRADENTON FL 34208 US	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/08/1984	
4. FEI Number 59-2735582		Applied For <input type="checkbox"/> 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					
9. Name and Address of Current Registered Agent SILVERN, MARVIN 4872 GREYWOOD LANE SARASOTA FL 34235			10. Name and Address of New Registered Agent 81 Name Michael Silvers 82 Street Address (P.O. Box Number is Not Acceptable) 2480 WATERVIEW COURT 83 Sarasota, FL 34231 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 <i>[Signature]</i> DATE 3/20/99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PD SILVERS, MICHAEL 1657 ALTA VISTA SARASOTA FL SD BEGLEY, ANTHONY 6415 FORRESTER DR. BRADENTON FL TD GLENSKI, FRANK P.O. BOX 82 N/A TALLEVAST FL 34270 VP CASON, RUSS 135TH STREET WEST BRADENTON FL 34202			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/99 (941) 925-4774
Date Daytime Phone #

CR2E037-11/99A