

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:06

DOCUMENT # **N17860** (0)
1. Corporation Name
SILVER LAKES WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P O BOX 851846 LAKE MARY FL 32785-8846
909 SILVERSMITH CIRCLE LAKE MARY FL 32746 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1986** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-2877232** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
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 Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
WILKINS, KENT
909 SILVERSMITH CIRCLE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent
81 Name **Allan Campbell**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503 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 607.0505 Florida Statutes.

SIGNATURE *Allan Campbell* DATE **April 10, 1995**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
-D- QUIROS, CARLOS 869 SILVERSMITH CIR LAKE MARY FL
-P- WILKINS, KENT 740 SILVERSMITH CIR LAKE MARY FL
-F- GREEN, JEFF 701 SILVERSMITH CIRCLE LAKE MARY FL
-V- CAMPBELL, ALLAN 706 SILVERSMITH CIR LAKE MARY FL
-S- BUSH, JACK 776 SILVERSMITH CIR LAKE MARY FL
-D- DRESSER, RUTH 741 SILVERSMITH CIR LAKE MARY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME **Mike Froehlich**
2.3 STREET ADDRESS **988 Sylverton Loop**
2.4 CITY - ST - ZIP **Lake Mary, Florida 32746**
3.1 TITLE Change Addition
3.2 NAME **Linda Williams**
3.3 STREET ADDRESS **SilverSmith Circle**
3.4 CITY - ST - ZIP **Lake Mary, Florida 32746**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change 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 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 a portion of an 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 holder of a position 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: *Allan Campbell* **Allan Campbell** 04-10-95 (407) 322-7531 x-613
Signature and typed or printed name of highest officer or director Date (Day/Month/Year)