FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name N17860 (0)

SILVER LAKES WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED Apr 03 1996 8:00 am Secretary of State

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-P.O.BOX 95	i1846— FL 32795-8846—	909 SILVERSMITH CIRCLE LAKE MARY FL 32746 US				
				3. Date Incorporated or Qualified 11/19/1986	3a. Date of Last Report 04/13/1995	
2. Cincinal P	lace of Business Liversmith Cir.	2a, Mailing Address 26		4. FEI Number 59-2877232	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	M/1. / I 1	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 3274			Country 30		Yes 🗹 No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
1	S, KENT		81 Name 1	Address (PO. Box Number is Not Acceptable) 	
1	versmith circle IARY FL 32746		83 70	1 Silversmith XI	refermaily	
	84 City 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
dd Dinasa	<u> </u>	400 000	'{\}.	ake IV lary,	FL ** 32746	
11. Pursuant to the provisions of Sections 617.0502 and 6 ft.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. Support of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with an above the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	$A \cap B \cap A \cap $	M V Dous, Florida Statules.		Febru	cru 14 1996	
	Signature, typed or printed name of registers diggent a		Registered Agent signature r	*	DATE	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC		
THILE.	QUIROS, CARLOS	Dereie	1.1 TITLE 1.2 NAME		Change Addition	
STREET ADDRESS	869 SILVERSMITH CIR		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY-ST-ZIP			
THLE	D	DELETE	2 1 TITLE	5000017 5 -04/04/96010:	Addition Addition	
NAME	FROEHLICH, MIKE		2.2 NAME	-04/04/360101 	12020	
STREET ADDRESS	988 SILVERTON LOOP		2.3 STREET ADDRESS	***61.25		
CITY-ST-ZIP	LAKE MARY FL	C DELETE	2. 4 CITY - ST- ZIP			
TITLE NAME	WILLIAMS LINDA	DELETE	3.1 TITLE	sceretary	Change Addition	
STREET ADDRESS	WILLIAMS, LINDA - Silver Smith Gircle		3.2 NAME 3.3 STREET ADDRESS	760 Silverimith	(Line La	
CITY-ST-ZIP	LAKE MARY FL		3.4. CITY-ST-ZIP	1 OV SHOEFIVEITE	VIry 10	
TITLE	p	DELETE	4.1 TITLE		Change Addition	
NAME	CAMPBELL, ALLAN		4. 2 NAME	may 0.1 11. /),	
STREET ADDRESS	796 SILVERMITH GIR-		4.3 STREET ADDRESS	796 Silversmith (ircle	
CITY-ST-ZIP	LAKE MARY FL		4.4 CITY-ST-ZIP			
TITLE		☑ DELETE	5.1 TITLE	Director Anthony L	Change Addition	
NAME OTOSET INDUSES	- BUSH, JACK-		5.2 NAME	I CLAR COLL THE FULL	217/10	
STREET ADDRESS	776 SILVERSMITH CIR-		5.3 STREET ADDRESS	Sall Silvers mith Liv	20761.	
CITY-ST-ZIP TITLE	T	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	me 11 lary, 10	Change Addition	
NAME	DRESSER, RUTH		62 NAME	•	. 1.	
STREET ADDRESS	741 SILVERSMITH CIR		6.3 STREET ADDRESS		> 1.3	
CITY-ST-ZIP	LAKE MARY FL	\circ	6.4 CITY-ST-ZIP		n)	
14 Ldo hereh	ov cortify that the information cumplied w	ith this filing is valunta ilufturnish.		Ity for the exemption stated in Section 110.0	7(2)(L) Florida Statutas I further	

ily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further all annual report is true and accurate and that my signature shall have the same legal effect as if made under trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name naddress. I do hereby certify that the information supplied with this filing is volunts certify that the information indicated on this annual report or supplement oath; that I am an officer or director of the corporation or the receiver cappears in Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE: