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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N17860 (0)

1. Corporation Name
SILVER LAKES WEST HOMEOWNERS ASSOCIATION, INC.
DBA Sheffield Homeowners Assoc.



Principal Place of Business Mailing Address
809 SILVERSMITH CIR. LAKE MARY FL 32748
909 SILVERSMITH CIR. LAKE MARY FL 32746-4976

3. Date Incorporated or Qualified 11/19/1986
3a. Date of Last Report 04/03/1996

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip Country	4. FEI Number 59-2877232 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29	30

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent CAMPBELL, ALLAN 909 SILVERSMITH CIRCLE (MAILING) 796 SILVERSMITH CIRCLE (PERSON) LAKE MARY FL 32748	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
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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, on 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: *Allan Campbell* President
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROS, CARLOS	1.2 NAME	Director
STREET ADDRESS	809 SILVERSMITH CIR	1.3 STREET ADDRESS	Ed Schuckman
CITY - ST - ZIP	LAKE MARY FL 32748	1.4 CITY - ST - ZIP	885 Silver Smith Circle
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director
NAME	FROELICH, MIKE	2.2 NAME	Jan Masilynis
STREET ADDRESS	908 SILVERTON LOOP	2.3 STREET ADDRESS	979 Silvertown Loop
CITY - ST - ZIP	LAKE MARY FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director
NAME	WILLIAMS, LINDA	3.2 NAME	Mike Meza
STREET ADDRESS	700 SILVERSMITH CIR.	3.3 STREET ADDRESS	904 Silver Smith Circle
CITY - ST - ZIP	LAKE MARY FL 32748	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CAMPBELL, ALLAN	4.2 NAME	
STREET ADDRESS	796 SILVERSMITH CIR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE MARY FL 32748	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary
NAME	LEFFIN, ANTHONY	5.2 NAME	
STREET ADDRESS	829 SILVERSMITH CIR	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE MARY FL 32748	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME	DRESSER, RUTH	6.2 NAME	
STREET ADDRESS	741 SILVERSMITH CIR	6.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE MARY FL 32748	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 if changed, or on an attachment with an address.

SIGNATURE: *Allan Campbell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: April 29, 1997, (407) x-6214
Daytime Phone: 322-7534
0013908

CR2E037 (9/96)