

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.



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

3. Date Incorporated or Qualified 11/19/1986	
4. FEI Number 59-2877232	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
7. Is this nonprofit corporation a home owners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CAMPBELL, ALLAN
909 SILVERSMITH CIRCLE (MAILING)
796 SILVERSMITH CIRCLE (PERSON)
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: *[Signature]* DATE: **March 20, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUCKMAN, ED	1.2 NAME	
STREET ADDRESS	885 SILVERSMITH CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASILUNI, JAN	2.2 NAME	JOAN BRYAN
STREET ADDRESS	979 SILVERTON LOOP	2.3 STREET ADDRESS	859 SILVERADO CT
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEZA, MIKE	3.2 NAME	
STREET ADDRESS	904 SILVERSMITH CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, ALLAN	4.2 NAME	
STREET ADDRESS	796 SILVERSMITH CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEFFIN, ANTHONY	5.2 NAME	HAMILTON KENT
STREET ADDRESS	829 SILVERSMITH CIR	5.3 STREET ADDRESS	901 SILVERSMITH CIR
CITY-ST-ZIP	LAKE MARY FL 32746	5.4 CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESSER, RUTH	6.2 NAME	
STREET ADDRESS	741 SILVERSMITH CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	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.

SIGNATURE: *[Signature]* DATE: **March 20, 1998** (407)324-9356

CR2E037 (10/97)