

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90214 029 \*\*\*\*61.25

0013939

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N17860

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2877232	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
CAMPBELL, ALLAN 909 SILVERSMITH CIRCLE (MAILING) 796 SILVERSMITH CIRCLE (PERSON) LAKE MARY FL 32746				81	Name			QUIROS, CARLOS S.		
				82	Street Address (P.O. Box Number is Not Acceptable)			909 SILVERSMITH CIRCLE (MAILING)		
				83	City			869 SILVERSMITH CIRCLE (PERSON)		
				84	City	LAKE MARY,	FL	85	Zip Code	32746

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]* CARLOS S. QUIROS P DATE: \_\_\_\_\_

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 type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, JOAN	2.2 NAME	
STREET ADDRESS	859 SILVERADO COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, ALLAN	4.2 NAME	QUIROS, CARLOS S.
STREET ADDRESS	796 SILVERSMITH CIR.	4.3 STREET ADDRESS	869 SILVERSMITH CIRCLE
CITY-ST-ZIP	LAKE MARY FL 32746	4.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT, HAMILTON	5.2 NAME	LEFFIN, SUE
STREET ADDRESS	901 SILVERSMITH CIR	5.3 STREET ADDRESS	829 SILVERSMITH CIRCLE
CITY-ST-ZIP	LAKE MARY FL 32746	5.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRESSER, RUTH	6.2 NAME	SILBERBERG, MILTON
STREET ADDRESS	741 SILVERSMITH CIR	6.3 STREET ADDRESS	820 SILVERSMITH CIRCLE
CITY-ST-ZIP	LAKE MARY FL 32746	6.4 CITY-ST-ZIP	LAKE MARY, FL 32746

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]* CARLOS S. QUIROS 3/5/99 (407) 330-7159

CR2E037 (11/98)