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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:00

DOCUMENT # N34858 (3)

1. Corporation Name

SYLVAN LAKES PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JOHN E. MORSE 5855 39TH LANE VERO BEACH FL 32966 US	C/O JOHN E. MORSE 5855 39TH LANE VERO BEACH FL 32966 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0155123 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

EVANS, RALPH L.
2920 CARDINAL DR.
VERO BEACH FL 32964

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD		1.1 TITLE	VD	☒ Change ☐ Addition
NAME	DEACON, OREN K JR.		1.2 NAME	DEACON, OREN K.	
STREET ADDRESS	P.O. BOX 6364 N/A		1.3 STREET ADDRESS	PO BOX 6364 N/A	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	VERO BEACH,FL	
TITLE	STD		2.1 TITLE	PD	☐ Change ☒ Addition
NAME	MORSE, JOHN E.		2.2 NAME	DODSON, RICHARD	
STREET ADDRESS	5855 39TH LANE		2.3 STREET ADDRESS	3900 58th Circle	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	VERO BEACH, FL	
TITLE	VD	As of 1-1-95,	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SWANSON, BRENT	NO LONGER A	3.2 NAME	HARRIS, Mrs. Patricia	
STREET ADDRESS	5855 40TH LANE	DIRECTOR	3.3 STREET ADDRESS	3936 58th Circle	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	VERO BEACH, FL	
TITLE	D		4.1 TITLE	D	☐ Change ☒ Addition
NAME	MORGAN, WILLIAM		4.2 NAME	DONLEVY, JAMES	
STREET ADDRESS	5825 39TH PLACE		4.3 STREET ADDRESS	3915 58th CIRCLE	
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP	VERO BEACH, FL	
TITLE	D	As of 1-1-95,	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KORMAN, HARRY B	NO LONGER A	5.2 NAME	SPELLE, TOM	
STREET ADDRESS	P.O. BOX 60-1425 N/A	DIRECTOR	5.3 STREET ADDRESS	3934 58th Circle	
CITY-ST-ZIP	N. MIAMI BEACH FL		5.4 CITY-ST-ZIP	VERO BEACH, FL	
TITLE			6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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: John E. Morse JOHN E. MORSE, Sec./Treas 3-4-95 (407) 567-3312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000070