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FILED

Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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  
USC/O JOHN E. MORSE  
5855 39TH LANE  
VERO BEACH FL 32966-6516  
US3. Date Incorporated or Qualified  
10/23/19893a. Date of Last Report  
04/12/19964. FEI Number  
65-0155123Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, RALPH L.

~~2020 CARDINAL DR~~  
VERO BEACH FL 32966

New Address

81 Name

EVANS, RALPH L.

82 Street Address (P.O. Box Number is Not Acceptable)

3355 Ocean Drive

84 City

Vero Beach

FL

85 Zip Code  
32963

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME DEACON, OREN K JR.  
STREET ADDRESS P.O. BOX 8364 N/A  
CITY-ST-ZIP VERO BEACH FL1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME HAWK, MARION  
1.3 STREET ADDRESS 5865 40th Lane  
1.4 CITY-ST-ZIP Vero Beach, FL 32966TITLE STD ☐ DELETE  
NAME MORSE, JOHN E.  
STREET ADDRESS 5855 39TH LANE  
CITY-ST-ZIP VERO BEACH FL2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME WEEMS, GARY  
2.3 STREET ADDRESS 4095 58th Circle  
2.4 CITY-ST-ZIP Vero Beach, FL 32966TITLE D ☒ DELETE  
NAME HARRIS, PATRICIA M  
STREET ADDRESS 3936 58TH CIRCLE  
CITY-ST-ZIP VERO BEACH FL3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME KEISER, REX  
3.3 STREET ADDRESS 5845 40th Lane  
3.4 CITY-ST-ZIP Vero Beach, FL 32966TITLE D ☐ DELETE  
NAME MORGAN, WILLIAM  
STREET ADDRESS 5825 39TH PLACE  
CITY-ST-ZIP VERO BEACH FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME SPELLE, TOM  
STREET ADDRESS 3934 58TH CIRCLE  
CITY-ST-ZIP VERO BEACH FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME DODSON, RICHARD  
STREET ADDRESS 3900 58TH CIRCLE  
CITY-ST-ZIP VERO BEACH FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

John E. Morse JOHN E. MORSE

(561)567-3312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0020973

CR2E037 (9/96)