

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am  
Secretary of State

|                                                   |                                                                                   |                                                                                                    |
|---------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # N34858 (3)  
1. Corporation Name  
SYLVAN LAKES PROPERTY OWNER'S ASSOCIATION, INC.



|                                                                                                    |  |                                                                                         |  |                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Principal Place of Business<br>C/O JOHN E. MORSE<br>5855 39TH LANE<br>VERO BEACH FL 32966<br>US    |  | Mailing Address<br>C/O JOHN E. MORSE<br>5855 39TH LANE<br>VERO BEACH FL 32966<br>US     |  | 3. Date Incorporated or Qualified<br>10/23/1989                                                                                                              |  |
| 2. Principal Place of Business<br>21 Suite, Apt #, etc.<br>22 City & State<br>23 Zip<br>24 Country |  | 2a. Mailing Address<br>26 Suite, Apt #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 4. FEI Number<br>65-0155123<br>Applied For<br>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 homeowners 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 type="checkbox"/> No |  |

|                                                                                                         |  |  |  |                                                                                                                                                        |  |  |  |
|---------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent<br>EVANS, RALPH L<br>3355 OCEAN DR<br>VERO BCH FL 32963 |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br>FL |  |  |  |
|---------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |                    |                                            |  |                                                       |                    |                                                                              |  |
|----------------------------|--------------------|--------------------------------------------|--|-------------------------------------------------------|--------------------|------------------------------------------------------------------------------|--|
| 12. OFFICERS AND DIRECTORS |                    |                                            |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |                                                                              |  |
| TITLE                      | VD                 | <input checked="" type="checkbox"/> DELETE |  | 1.1 TITLE                                             | D                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | DEACON, OREN K JR. |                                            |  | 1.2 NAME                                              | DEACON, Oren K Jr. |                                                                              |  |
| STREET ADDRESS             | P.O. BOX 6364 N/A  |                                            |  | 1.3 STREET ADDRESS                                    | P.O.Box 6364 N/A   |                                                                              |  |
| CITY-ST-ZIP                | VERO BEACH FL      |                                            |  | 1.4 CITY-ST-ZIP                                       | Vero Beach, FL     |                                                                              |  |
| TITLE                      | STD                | <input type="checkbox"/> DELETE            |  | 2.1 TITLE                                             |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | MORSE, JOHN E.     |                                            |  | 2.2 NAME                                              |                    |                                                                              |  |
| STREET ADDRESS             | 5855 39TH LANE     |                                            |  | 2.3 STREET ADDRESS                                    |                    |                                                                              |  |
| CITY-ST-ZIP                | VERO BEACH FL      |                                            |  | 2.4 CITY-ST-ZIP                                       |                    |                                                                              |  |
| TITLE                      | D                  | <input type="checkbox"/> DELETE            |  | 3.1 TITLE                                             |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | HAWK, MARION       |                                            |  | 3.2 NAME                                              |                    |                                                                              |  |
| STREET ADDRESS             | 5865 40TH LANE     |                                            |  | 3.3 STREET ADDRESS                                    |                    |                                                                              |  |
| CITY-ST-ZIP                | VERO BCH FL        |                                            |  | 3.4 CITY-ST-ZIP                                       |                    |                                                                              |  |
| TITLE                      | D                  | <input type="checkbox"/> DELETE            |  | 4.1 TITLE                                             |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | MORGAN, WILLIAM    |                                            |  | 4.2 NAME                                              |                    |                                                                              |  |
| STREET ADDRESS             | 5825 39TH PLACE    |                                            |  | 4.3 STREET ADDRESS                                    |                    |                                                                              |  |
| CITY-ST-ZIP                | VERO BEACH FL      |                                            |  | 4.4 CITY-ST-ZIP                                       |                    |                                                                              |  |
| TITLE                      | D                  | <input checked="" type="checkbox"/> DELETE |  | 5.1 TITLE                                             | VD                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | SPELLE, TOM        |                                            |  | 5.2 NAME                                              | SPELLE, THOMAS     |                                                                              |  |
| STREET ADDRESS             | 3934 58TH CIRCLE   |                                            |  | 5.3 STREET ADDRESS                                    | 3924 58th CIRCLE   |                                                                              |  |
| CITY-ST-ZIP                | VERO BEACH FL      |                                            |  | 5.4 CITY-ST-ZIP                                       | VERO BEACH FL      |                                                                              |  |
| TITLE                      | D                  | <input type="checkbox"/> DELETE            |  | 6.1 TITLE                                             |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | WEEMS, GARY        |                                            |  | 6.2 NAME                                              |                    |                                                                              |  |
| STREET ADDRESS             | 4095 58TH CIR      |                                            |  | 6.3 STREET ADDRESS                                    |                    |                                                                              |  |
| CITY-ST-ZIP                | VERO BCH FL        |                                            |  | 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: *John E. Morse, Treas.* 4/13/98 (561) 567-3312

CR2E037 (10/97)

ATTACHMENT TO NON-PROFIT CORPORATION ANNUAL REPORT 1998  
Document # N34858 SYLVAN LAKES PROPERTY OWNERS ASSOCIATION, Inc.

Listing of all Directors as of February 15, 1998:

PD  
KEISER, REX  
5845 40th Lane  
VERO BEACH FL

VD  
SPELLE, Thomas  
3924 58th CIRCLE  
VERO BEACH FL

STD  
MORSE, JOHN E.  
5855 39th LANE  
VERO BEACH FL

D  
DEACON, OREN K JR.  
P.O.BOX 6364 N/A  
VERO BEACH

D  
HAWK, MARION  
5865 40th LANE  
VERO BEACH FL

D  
MORGAN, WILLIAM  
5825 39th PLACE  
VERO BEACH FL

D  
ROTHSTEIN, BRUCE  
5850 40th LANE  
VERO BEACH FL

D  
SUTHARD, CLIFF  
5855 40th LANE  
VERO BEACH, FL

D  
WEEMS, GARY  
4095 58th CIRCLE  
VERO BEACH FL