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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37945 (5)**
1. Corporation Name
SILVER GLEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779 US	Mailing Address 2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779 US
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3. Date Incorporated or Qualified 05/02/1990		
4. FEI Number 59-3051306	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 668 N. Orlando Ave., Suite, Apt. #, etc. 22 Suite 105 City & State 23 Maitland, Florida Zip 24 32751	2a. Mailing Address 26 668 N. Orlando Ave. Suite, Apt. #, etc. 27 Suite 105 City & State 28 Maitland, Florida Zip 29 32751	Country 25 USA	Country 30 USA
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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 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 HART, JR. J W. SENTRY MANAGEMENT, INC. 2180 W. STATE ROAD 434, #5000 LONGWOOD FL 32779	
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10. Name and Address of New Registered Agent	
81 Name Morbitzer, Margaret L.	
82 Street Address (P.O. Box Number is Not Acceptable) 668 N. Orlando Ave., Ste. 105	
83	
84 City Maitland,	85 Zip Code FL 32751

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 *Margaret L. Morbiter* **MARGARET L. MORBITZER** **2/10/98**

Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE PD	NAME COOPER, KATHYRN	<input checked="" type="checkbox"/>
STREET ADDRESS 1360 VICKERS LAKE DR.	CITY-ST-ZIP OCOE FL	
TITLE D	NAME BOYD, LYNDON	<input checked="" type="checkbox"/>
STREET ADDRESS 310 FOREST CREST CT	CITY-ST-ZIP OCOE FL	
TITLE VPSD	NAME BORAK, ROBERT	<input type="checkbox"/>
STREET ADDRESS 1321 CENTURY OAKS DR	CITY-ST-ZIP OCOE FL	
TITLE TD	NAME VALLONE, JOSEPH	<input checked="" type="checkbox"/>
STREET ADDRESS 1299 CENTURY OAK DR.	CITY-ST-ZIP OCOE FL	
TITLE D	NAME CHEN, DENNIS	<input checked="" type="checkbox"/>
STREET ADDRESS 1191 VICKERS LAKE DRIVE	CITY-ST-ZIP OCOE FL	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE PD	1.2 NAME Myhre, Christina	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS 341 Sterline Lake Drive	1.4 CITY-ST-ZIP Ocoee, FL 34761		
2.1 TITLE VPD	2.2 NAME Coney, Richard	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3 STREET ADDRESS 339 Sterline Lake Drive	2.4 CITY-ST-ZIP Ocoee, FL 34761		
3.1 TITLE SD	3.2 NAME Borak, Robert	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE TD	4.2 NAME Champagne, Linda	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.3 STREET ADDRESS 1601 Glenhaven Circle	4.4 CITY-ST-ZIP Ocoee, FL 34761		
5.1 TITLE D	5.2 NAME Barnette, Mike	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.3 STREET ADDRESS 338 Sterling Lake Drive	5.4 CITY-ST-ZIP Ocoee, FL 34761		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	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: *Margaret L. Morbiter* **2/10/98** **407/539-1000** **X 103**

CR2E037 (10/97)