

AMENDED

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

98 SEP 28 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N37945
 1. Corporation Name
Silver Glen Homeowners' Association, Inc.

Principal Place of Business 668 N. Orlando Ave. Suite 105 Maitland, FL 32751	Mailing Address 668 N. Orlando Ave. Suite 105 Maitland, FL 32751
--	--

3. Date Incorporated or Qualified 5/2/1990	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-3051306		
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 checked="" 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 checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
Morbitzer, Margaret L.
668 N. Orlando Ave., Ste. 105
Maitland, FL 32751

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	200002650922
83	-09/29/98--01015--001
84 City	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 _____ DATE _____
Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

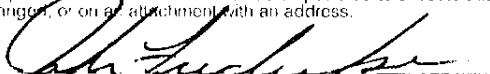
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Myhre, Christina	
STREET ADDRESS	341 Sterling Lake Drive	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	Coney, Richard	
STREET ADDRESS	339 Sterling Lake Drive	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	Borak, Robert	
STREET ADDRESS	321 Century Oaks Drive	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	Champagne, Linda	
STREET ADDRESS	1601 Glenhaven Circle	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Barnette, Mike	
STREET ADDRESS	338 Sterling Lake Drive	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fredericksen, John	
1.3 STREET ADDRESS	1719 Glenhaven Circle	
1.4 CITY-ST-ZIP	Ocoee, FL 34761	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bass, John	
2.3 STREET ADDRESS	1727 Glenhaven Circle	
2.4 CITY-ST-ZIP	Ocoee, FL 34761	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mann, Danny	
3.3 STREET ADDRESS	1406 Chapel Ridge Drive	
3.4 CITY-ST-ZIP	Ocoee, FL 34761	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Chen, Dennis	
4.3 STREET ADDRESS	1191 Vickers Lake Drive	
4.4 CITY-ST-ZIP	Ocoee, FL 34761	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gaut, Dayna	
5.3 STREET ADDRESS	308 Sterling Lake Drive	
5.4 CITY-ST-ZIP	Ocoee, FL 34761	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

8/29/98

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 FREDERICKSEN** 8/29/98
 407-578-6083

CR2E037 (10/97)