## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(9)

SILVER LAKES OF LAKELAND HOMEOWNERS ASSOCIATION,

## **FILED** Mar 17 1997 8:00am Secretary of State



Principal Place of Business  146 HORIZON COURT LAKELAND FL 33813		Mailing Address									
		146 HORIZON COURT LAKELAND FL 33813-1742									
						3. Date Incorporated or Qualified 11/13/1990		e of Last 14/05/19			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	4	[ [	Applied For			
21		26			59-3082153 Not Applicable						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional						
22		27				C. Continuate of Claims Boomed	<del></del> _	Fee 8	Required		
City & State	1	City & State			6. Election Campaign Financing	\$5.00 May Be					
23		28				Trust Fund Contribution					
Zip	Country	<b>—</b> ·	Zip Country			This corporation has liability for intangible tax under s. 199.032,     Florida Statutes					
24	25		29 30			Fiorida Statutes  10. Name and Address of New Re					
	9. Name and Address of Curren	и недівтегео жделі		81	Name	10. Name and Addless of New Neg	JISTOLOU H	gent			
				Ŭ.	Name						
	N, ARTHUR H		82 Street Ad			dress (P.O. Box Number is Not Acceptable)					
	IZON COURT										
LAKELAN	ID FL 33813			83					ŀ		
				84	City		FI	85 Zip	Code		
		0 - 1047 4500 5	- 04-14-14-14-1			poration submits this statement for the p			its registered		
11. Pursuant to office or re	o the provisions of Sections 617.050 e <b>gistered age</b> nt, or both, in the State	iz and 617-1508, Florida of Florida. Such chang	a Statutes, the a je was authorize	d by	the corpora	poration submits this statement for the patients board of directors. I hereby accep	t the appo	ointment a	is registered		
agent. I ar	n familiar with, and accept the obliga	ations of, Section 617.0	503, Florida Stal	tutes	i.						
SIGNATURE _			ANOTE: Discourse	4		uired when reinstating)	DATE		l		
12.	Signature, typed or printed name of registered age OFFICERS AN		13.	a Ago	iit signalore requ	ADDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN 12		
TITLE	PD	□ DEL		TLF				Change			
NAME	HAAS, FRANK H	_	1.2 N	AME							
STREET ADDRESS	146 HORIZON COURT				ADDRESS				-		
CITY-ST-ZIP	LAKELAND FL			ITY-S							
TITLE	VID	DEL						☐ Change	Addition		
NAME	ERICKSON, ARTHUR H			2.2 NAME							
STREET ADDRESS	146 HORIZON COURT			2.3 STREET ADDRESS							
CITY-ST-ZIP	LAKELAND FL 33813			2. 4 CiTY-ST-ZiP							
TITLE	SD SD	[.] DEL			,, ,,,			Change	Addition		
NAME	LABOV, SARAH J		32 N	AME							
STREET ADDRESS	146 HORIZON COURT				ADDRESS						
CITY-ST-ZIP	LAKELAND FL 33813			OTY-S							
TITLE	WATER AIR IS OVER	DEL			-			☐ Change	Addition		
NAME			4.21	NAME							
STREET ADDRESS			4.3 S	TREET	ADDRESS						
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP						
TITLE		☐ DEL						Change	Addition		
NAME			5.2 N	AME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				ITY-S							
TITLE		☐ DEL						☐ Change	Addition		
NAME			6.2 N	AME							
STREET ADDRESS					ADDRESS				ł		
CITY-ST-ZIP				ITY-S							
	ov certify that the information supplie	d with this filing does n				ed in Section 119.07(3)(i), Florida Statute	s. I further	certify the	at the		

Information indicated on this annual report or supplied with this minut does not quality to the exemption stated in Section 113.07(5)(f), thoridad stated as former exemption indicated on this annual report or supplied per poly 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 constraint or the receipter 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 inctranged, or on an attachment with an address.

2/2/07

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