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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PH 3: 21

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41806** (3)
1. Corporation Name
SILVER LAKE RESORT OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
7751 BLACK LAKE RD KISSIMMEE FL 34746 7751 BLACK LAKE RD KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/24/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3150951** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**PETERS, JIMMY E
7751 BLACK LAKE RD
KISSIMMEE FL 34747**

10. Name and Address of New Registered Agent

81 Name **LANE, WILLIAM M**

82 Street Address (P.O. Box Number is Not Acceptable) **7751 BLACK LAKE ROAD**

83

84 City **KISSIMMEE** FL 85 Zip Code **34747**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *William M Lane* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------|
| TITLE | PD |
| NAME | PETERS, JIMMY E |
| STREET ADDRESS | 7751 BLACK LAKE RD |
| CITY - ST - ZIP | KISSIMMEE FL |
| TITLE | SD |
| NAME | REMS, PETER T |
| STREET ADDRESS | 7751 BLACK LAKE RD |
| CITY - ST - ZIP | KISSIMMEE FL |
| TITLE | TD |
| NAME | MARQUEINEZ, FRANK D |
| STREET ADDRESS | 7751 BLACK LAKE RD |
| CITY - ST - ZIP | KISSIMMEE FL |
| TITLE | ATD |
| NAME | LANE, WILLIAM M |
| STREET ADDRESS | 7751 BLACK LAKE ROAD |
| CITY - ST - ZIP | KISSIMMEE FL |
| TITLE | ASD |
| NAME | BATTISTONE, MARIA A |
| STREET ADDRESS | 7751 BLACK LAKE ROAD |
| CITY - ST - ZIP | KISSIMMEE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|----------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | LANE, WILLIAM M | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | FLDIBINDER, VICTOR L | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | ATD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | STRANSKY, RONNIE S | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William M Lane* 3/1/95 407-399-1300
SIGNATURE AND TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Telephone #)