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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

N41806

(3)

SILVER LAKE RESORT OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address								-	FFUF DIE DIOOFFEBBI EDIE DOF	FO DANK OLDIA D	18 Q2B1 Q19	JAN BUBAN BUBUN TOBU
7751 BLACK LAKE RD KISSIMMEE FL 34746 KISSIMMEE FL 34746												
									orporated or Qualified 24/1991	3a. [Date of Las 03/08/	
2. Principal Place of Business			2a. Mailing Address				4. FEI Numl	ber 3150951	<u>.</u>		Applied For	
Suite, Apt. #, etc.			26 Suite, Apt. #, etc.				39-	3 13093 1		60.7	Not Applicable	
22			27				5. Certificati	e of Status Desired		+	5 Additional Required	
City & State			City & State				6. Election (Campaign Financing			00 May Be	
23			28				Trust Fur	nd Contribution	<u> </u>		led to Fees	
24 Zip	Zip Country		Zip Col		Count	intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
9. Name and Address of Current Registered Agent									nd Address of New F			
					8	H	Name					
LANE, WILLIAM M						12	Street Address (P.O. Box Number is Not Ad			nle)		
	51 BLACK LAKE						Ou cot riocire	33 (F.O. BOX 14)	arrisor is riot riccopial			
Kis	SIMMEE FL 347	47			8	13						
	•				8	4	City			FI	85 Z	Zip Code
• Or 16	egistered agent, or	ons of Sections 617.050; both, in the State of Flor of the obligations of, Sec	ida. Such chang	je was authorize	s, the above d by the co	rpo	amed corporat oration's board	tion submits thi of directors. H	s statement for the pu hereby accept the app	rpose of chointrnent a	nanging its s registere	registered office id agent. I am
SIGNATI	URE											
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere 12. OFFICERS AND DIRECTORS 13.						gent	signature required v		NS/CHANGES TO OF	DATE OF RS AN	D DIGECT	ORS IN 19
TITLE	PD	OF AGE 10 AI	D DI ILOTORIO	☐DELE TE	1.1 1/11/	 F		APARTON	NO OFFINIOLS TO OFF	IOL NO AIN	Change	·····
NAME	LANE, W	VILLIAM M		_	1.2 NAM	ΙE	'-	JETTER	y KACYAFR	-		A
STREET ADD	DRESS 7751 BL	ACK LAKE RD			1.3 STRE	ET A	ADDRESS -	751 191	wh harbee	/2004/	,	
CITY-ST-Z		IEE FL			1.4 CITY	- ST	-ZIP 🚜	***	- /			_
TITLE	SD			DEFELE	2 1 TITLE	F		TD		_	☐ Change	Addition
NAME		NDER, VICTOR L			2 2 NAM	E	51	VYDER,	SEFFER) ck Lake 1	, /		
STREET ADI	MOCH	ACK LAKE RD					ADDRESS 77	15/1/3/4	ck lake p	(4 9 4		
CITY-ST-Z	TD	ICC FL		DELETE	2 4 CITY 3.1 TITLE		i - ZIP	ISSIMM E	e, FL		Change	☐ Addition
NAME	'	NEZ, FRANK D		Постен	3.7 MILE						change	C Vagueou
STREET ADS		ACK LAKE RD					ADORESS					
CITY_CT_7	KISSIMN	KEE FL			3.4. CITY							
TITLE	ATD			DELETE	4.1 TITLE	E					☐ Change	☐ Addition
NAME	STRANS	KY, RONNIE S		•	4. 2 NAN	AE.						
STREET ADD		ACK LAKE ROAD			4.3 STRE	ET A	ADDRESS					
CHY-S1-7		IEE FL		Decem	4.4 CITY		- ZIP					
TITLE	ASD	ONE MADIA A		DELETE	5.1 TITLE						Change	☐ Addition
NAME STREET ADS		ONE, MARIA A ACK LAKE ROAD			5.2 NAM		ADORCCC					
CITY-ST-Z	1//00/11				5.3 STRE 5.4 CITY							
TITLE	1.100,000	100 101		DELETE	6.1 TITLE		* Lif	70	<u>1000176</u>	588:	Clanoe	[] Addition
NAME					6.2 NAM				1 00017 1/04/96010	1150	Ū9	
STREET ADD	DRESS						ADDRESS	未排消	×61.25			ID
CITY-ST-Z	IP.				6.4 CITY							4451
14. Ldo	hereby certify that	the information supplied	with this filing is	voluntarily furnis				the exemption	stated in Section 119	07(2)(L) El	orida Stati	uton Hudhlid 4

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 AND TYPED DE PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

Date

Date

Director 1 To relating the state of the sta