


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90088 017 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N41806

1. Corporation Name
SILVER LAKE RESORT OWNERS ASSOCIATION, INC.

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



| | | | |
|--|---|---|--|
| 2. Principal Place of Business 21 [] Suite, Apt. #, etc. 22 [] City & State 23 [] Zip 24 [] | 2a. Mailing Address 26 [] Suite, Apt. #, etc. 27 [] City & State 28 [] Zip 29 [] | 3. Date Incorporated or Qualified 01/24/1991 | 4. FEI Number 59-3150951 |
| | | 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 |

9. Name and Address of Current Registered Agent

LANE, WILLIAM M
7751 BLACK LAKE ROAD
KISSIMMEE FL 34747

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LANE, WILLIAM M | 1.2 NAME | DENNY, JAMES |
| STREET ADDRESS | 7751 BLACK LAKE RD | 1.3 STREET ADDRESS | 7751 BLACK LAKE ROAD |
| CITY-ST-ZIP | KISSIMMEE FL | 1.4 CITY-ST-ZIP | KISSIMMEE, FL 34747 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SNYDER, JEFFERY | 2.2 NAME | WIMBERGER, JOHN |
| STREET ADDRESS | 7751 BLACK LAKE RD | 2.3 STREET ADDRESS | 7751 BLACK LAKE ROAD |
| CITY-ST-ZIP | KISSIMMEE FL | 2.4 CITY-ST-ZIP | KISSIMMEE, FL 34747 |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARQUEZ, FRANK D | 3.2 NAME | VELEZ, CAROL |
| STREET ADDRESS | 7751 BLACK LAKE RD | 3.3 STREET ADDRESS | 7751 BLACK LAKE ROAD |
| CITY-ST-ZIP | KISSIMMEE FL | 3.4 CITY-ST-ZIP | KISSIMMEE, FL 34747 |
| TITLE | ATD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLIEBINDER, VICTOR L | 4.2 NAME | |
| STREET ADDRESS | 7751 BLACK LAKE ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL | 4.4 CITY-ST-ZIP | |
| TITLE | ASD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BATTISTONE, MARIA A | 5.2 NAME | |
| STREET ADDRESS | 7751 BLACK LAKE ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99 399-2828
Date Daytime Phone #

CR2E037-(1-1/98)