

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:30

DOCUMENT # N49843 (8)

1. Corporation Name

SILVER PALMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

8405 NW 53 ST.
A102
MIAMI FL 33166
US

NEW MAILING ADDRESS
C/O TIMBERLAKE GROUP, INC
5050 N.W. 74TH AVENUE
MIAMI, FL. 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1992

3a. Date of Last Report

06/21/1994

4. FEI Number

65-0398371

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

21 Suite, Apt. #, etc.

25

Suite, Apt. #, etc.

27

22 City & State

28

City & State

23 Zip

Country

28

Zip

Country

24

25

29

Zip

30

9. Name and Address of Current Registered Agent

DUGGER, ROBERT A
THE TIMBERLAKE GROUP INC
8405 NW 53 ST., A102
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
CABRERA, RAPHAEL R
10412 SW 23 TERR.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
BELLO, PEDRO A
2166 SW 103 PL
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
RODRIGUEZ, JOHNNY
10413 SW 23 ST.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
CALVINO, ENI
10410 SW 22 ST
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
CRUZ, TED J
10381 SW 20 TERR.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/21/95 (305) 573-1141
DATE (Type in Year & Month)