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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004659 (9)

1. Corporate Name

SILVERWOOD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
34650 US 19 NORTH SUITE 201 PALM HARBOR FL 34684 US	34650 US 19 NORTH SUITE 201 PALM HARBOR FL 34684 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1993

3a. Date of Last Report: 04/29/1994

4. FEI Number: 59-3234049 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

TORRIE, SCOTT
10220 US HWY 19
SUITE 300
PORT RICHEY FL 34668

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 title if applicable) (If not, Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	JACKIE PAYNE	12 NAME	
STREET ADDRESS	34650 US 19 NORTH, SUITE 201	13 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	RUTENBERG, MARC	22 NAME	
STREET ADDRESS	34650 US 19 NORTH, SUITE 201	23 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	KNIZNER, DAVID	32 NAME	
STREET ADDRESS	34650 US 19 NORTH, SUITE 201	33 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP	
TITLE	~~VAXN~~ STD	41 TITLE	☐ Change ☐ Addition
NAME	NORRIS, WAYNE	42 NAME	
STREET ADDRESS	34650 US 19 NORTH, SUITE 201	43 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME	HICKS, DOTTIE F.	52 NAME	
STREET ADDRESS	34650 U.S. 19 NORTH, SUITE 201	53 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME	TURPAK, JOHN	62 NAME	
STREET ADDRESS	34650 US 19 NORTH, SUITE 201	63 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL	64 CITY-ST-ZIP	

14. I do hereby certify that this information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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.

(813)

SIGNATURE: Wayne Norris - Wayne Norris Sr. Vice Pres. 4/27/95 786-9119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date) (Daytime Phone #)

0080213