SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N93000004659 (9) DOCUMENT # SILVERWOOD HOMEOWNERS' ASSOCIATION, INC. Mailing Address Principal Place of Business 34650 US 19 NORTH 34650 US 19 NORTH SUITE 201 SUITE 201 PALM HARBOR FL 34684 PALM HARBOR FL 34684 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 10/07/1993 Applied For 4. FEI Number 2a. Maiting Address 2. Principal Place of Business Not Applicable 59-3234049 26 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Ζiρ Florida Statutes [ ] Yes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) TORRIE, SCOTT 82 10220 US HWY 19 83 SUITE 300 Zip Code **PORT RICHEY FL 34668** 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE **CR2E037** NORRIS, WAYNE 1.2 NAME NAME 34850 USE 19 NORTH, STE. 201 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 21 THLE TITLE RUTENBERG, MARC 2.2 NAME NAME 34650 US 19 NORTH, SUITE 201 2.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 2 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 31 TITLE TITLE. HICKS, DOTTIE 3.2 NAME NAME 34650 US 19 NORTH, SUITE 201 3.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE TURPAK, JOHN 4.2 NAME NAME 34650 US 19 NORTH, STE. 201 4 3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 4 4 CITY - ST - ZiP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 61 TITLE TITLE 62 NAME NAME **B.3 STREET ADDRESS** 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 119 07(3)(k). 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.

SIGNATURE AND TYPED OF PRINTED NAME OF

2

Daytime Phone #

0015563

Date

SIGNATURE: