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NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N93000004659 (9)

1. Corporation 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 34684-2156 US

3. Date Incorporated or Qualified: 10/07/1993
3a. Date of Last Report: 08/07/1996

2. Principal Place of Business
21 33920 US 19 NORTH
Suite, Apt. #, etc.
22 SUITE 390
City & State
23 PALM HARBOR FL
Zip 24 34684 Country 25 US

2a. Mailing Address
26 33920 US19 NORTH
Suite, Apt. #, etc.
27 SUITE 390
City & State
28 PALM HARBOR FL
Zip 29 34684 Country 30 US

4. FEI Number: 59-3234049 ☐ 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

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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD NORRIS, WAYNE 34650 USE 19 NORTH, STE. 201 PALM HARBOR FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TREASURER T JEAN GENDEBIEN 33920 US 19 N SUITE 390 PALM HARBOR, FL 34684	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD D RUTENBERG, MARC 34650 US 19 NORTH, SUITE 201 PALM HARBOR FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY T CYNTHIA WALSH 33920 US 19 N SUITE 390 PALM HARBOR, FL 34684	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HICKS, DOTTIE 34650 US 19 NORTH, SUITE 201 PALM HARBOR FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O TURPAK, JOHN 34650 US 19 NORTH, STE. 201 PALM HARBOR FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.