## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 31 1998 8:00am

Secretary of State

904) 262-9,08/

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9700006762 (5)

SILVER REACH CLUB VILLAGE ASSOCIATION, INC.

SILVEN BEACH CLUB VILLAGE ASSOCIATION, INC.											
Principal Place of Business				Mailing Address						i –	
1025 S. ATLANI DAYTONA BEAC			1025 S. ATLANTIC AVE. DAYTONA BEACH FL 32118						3. Date Incorporated or Qualified 12/01/1997		
!									1	4. FEI Number Applied For Not Applied For Not Applied For	
2. Principal P	lace of Busi		2a. Mailing Address					· · · · ·	Sertificate of Status Desired     Service     Service     Service     Service     Service     Service		
21	4 -1-		26						Fee Required		
Sulte, Apt.	#, <b>e</b> tC.	1	Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State	9	-	City & State						7. Is this nonprofit corporation a homeowners association?		
Zip Country				Zip Country						8. This corporation owes or has paid the current year Intangible	
24	25			29 30			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Personal Property Tax due June 30.  Yes No		
	9. Name	gistere	ered Agent					10. Name and Address of New Registered Agent			
ĺ							81	1	Name		
HEY, W.	ROBERT ATLANTIC					82	5	Street Addres	dress (P.O. Box Number is Not Acceptable)		
	A BEACH					63	╁	<del></del>			
							84 City			85 Zip Code	
44 Divinioni	to the provin	ione of Captions	617 0502 An	d 617 1	EOO Florido Stat	uton the	L abov		nemod aoveo	retion submits this statement for the purpose of changing its registered	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE											
							13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE					DELETE 1.1					☐ Change ☐ Addition	
NAME	-	ROBERT	_	1.2 N			2 NAME				
STREET ADDRESS	1025 S.	_	1.3 \$1			3 STREET	AD	ORESS			
CITY-ST-ZIP	DV	IA BEACH FL	32118				4 CITY-S	51-2	ZIP	☐ Change ☐ Addition	
TITLE		O, CHERYL					1 TITLE			C Charge C Addition	
NAME STREET ADDRESS		ATLANTIC AV	F.				2.2 NAME 2.3 STREET ADDRESS		100ECC		
CITY-ST-ZIP	DAYTON					2.4 CITY-ST-ZIP					
TITLE	DST			7-1			3.1 TITLE		-	☐ Change ☐ Addition	
NAME	FISKE, MARIE						3.2 NAME				
STREET ADDRESS 1025 S. ATLANTIC AVE.					3.3 STRE				IDRESS		
CITY-ST-Z#P	DAYTONA BEACH FL 32118						3.4. CITY-ST-ZIP				
TITLE	DELETE						1 TITLE			☐ Change ☐ Addition	
NAME						4.	2 NAME		i		
STREET ADDRESS						4.3	3 STREET	(AD	ORESS		
CITY-ST-ZIP					Cloute		CITY-S	T-2	ZIP	☐ Change ☐ Addition	
TITLE					☐ DELETE		TITLE			☐ Change ☐ Addition	
NAME Street Address							2 name 3 street	r A De	INDECC		
									- 1		
CITY-ST-ZIP TITLE					DELETE		I CITY - S I TITLE	21-2		☐ Change ☐ Addition	
NAME						1	NAME		1		
STREET ADDRESS							STREET	ADI	DRESS		
City-St-7IP					,	64	CITY-S	:1-7	71P		
14. I hereby of indicated officer or	ertify that the	e information su al report or sup	pplied with the	nis filing qual rep	does not qualify	for the s	exemp	at r	n stated in St my signature	ection 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an ed by Chapter 617. Florida Statutes, and that my man expense in	
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 suppliemental 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 of the receiver or trustee employeered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.											