

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704233

FILED
Apr 12, 2007
Secretary of State

Entity Name: SYLVESTER SHORES ASSOCIATION INC

Current Principal Place of Business:

2247 NOTTINGHAM RD
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

2247 NOTTINGHAM RD
LAKELAND, FL 33803 US

New Mailing Address:

FEI Number: 59-2793225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTER, HELEN I
2247 NOTTINGHAM RD
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: SPECTER, HELEN
Address: 2247 NOTTINGHAM RD.
City-St-Zip: LAKELAND, FL 33803

Title: PD () Delete
Name: CONNER, DANNY,
Address: 2103 SYLVESTER CT.
City-St-Zip: LAKELAND, FL 33803

Title: VPD () Delete
Name: HOBBLER, DAVID
Address: 2017 S. LOWOOD PLACE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN SPECTER

STD

04/12/2007

Electronic Signature of Signing Officer or Director

Date